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ORIGINAL ARTICLES.

THE SIGN OF THE TIMES.*

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THE Romans erected arches to victory, and columns in remote provinces to mark their ever widening boundaries. Beyond many of these flowed the human tide, rising in continued swells of grandeur to this hour, but some of them are to be found by chance travellers in deserts, and some have mouldered quite away in vast solitudes. And, just as these ancient and daring conquerors marked their last triumphs with monumental shafts and sculpture, on which were engraved battles and the names of heroes, so, in our books, the great teachers and historians of our art have celebrated the achievements of the profession, and recorded the long roll of illustrious physicians. Some of these books, even so far back as the famous one of Hippocrates, have been guides to prosperity, while others have been shunned as pointing the way to haunts of superstition and morasses of the human mind.

Should we turn to statesmanship, we find armed neutrality. The invention is sterile that dares not dare, and yet empires are but maps of an hour—slight incursions change boundaries. In law we approach the exasperation of politics; it is always changing and never satisfactory. It is a net that draws hard upon the petty criminal, but bursts when a corporation is entangled. Descartes found a whole library in the human body, but your lawyer, confronted with a perplexing cause, goes to a myriad of books to find his clues. We fret and repine because every physician that prescribes for an ailment is not a trained scholar in his profession, and we fulminate about it so much, that mistaking our conscientious care for an admission, the other professions smirk and grimace; but the egotist with the longest purse goes to the senate, and the ruffian with the greatest saloon interest becomes the law maker for the State. In the cabinet there is vacilliation; in the senate, great measures stagnate; in the legislature, partisanship predominates—smug hirelings climb the pulpit—"the hungry sheep look up and are not fed."

In the natural sciences the savants are still classifying. The astronomer is not sure that his burned out sun may not be stars about to germinate.

In the face of all this dilettanteism, what reason have we to stand at bay? We have gone far and established much. No one will deny the potency of Jenner's vaccine or Lister's antiseptic methods, and all that goes under the comprehensive title of hygiene. The study of preventable causes of diseases is raising the standard of medicine, and just as physicians recognize that their mission is a wider one than the mere administering of drugs to cure the ill, they exalt their profession and become an established power in government. For, if we exclude from the human family all the preventable diseases, including those produced by worry and mental strain; by physical strain, and the excess of the passions; by alcohol, tobacco, narcotics, unwholesome food, impure air, by occupation, sloth and idleness; late hours and broken sleep; errors of dress, imitation and moral contagion; and automatic diseases and hypochrondriasis—all of which are evils that may be avoided—how small a percentage remains for the doubtful compounds of the pharmacopœia! If intermarriage of diseases were considered in the same light as intermarriage of poverty, hereditary transmission of disease, the basis of so much misery in the world, would be at an end in three or four generations.

The most important distinction between the scientific man and the mere empiric, lies in their methods of regarding and applying facts. The leading teachers and writers in all the exact sciences are particularly noticeable for their modesty of statement, only claiming that, from their experience and the evidence before them, such and such facts appear to be true. Often these intellectual chieftains differ widely. Then their arguments are calmly presented, and their supposed facts become a matter of study and criticism, in the consciousness that a wider knowledge may reveal errors on both sides. On the other hand, there is a certain class of medical literature and teachers, whose tone is so positive and dogmatic that every mature and well trained mind at once suspects them to be unsound. While it is not always true that the positive, dogmatic man on questions of science is a quack, it is true that successful "quackery" depends mainly on the positiveness with which its conclusions are proclaimed. As Darwin says, "Ignorance more frequently begets confidence than does knowledge."

Like other sciences, medicine is still in its infancy. The anatomy of the body, outside of a few facts, is only partially ascertained. Physiology is a mass of unproved hypotheses; and the laws governing diseased conditions are equally unknown. In chemistry the atomic theory is still a

* President's address, read before the Puget Sound Medical Society, at its first meeting, Tacoma, Wash., Sept. 5, 1893.

theory only. In materia medica a most bewildering mass of statements and assumptions follow each other like the shifting scenes of a panorama. In surgery and the practice of medicine the methods and remedies that spring up in a night are like the troubled waters of the ocean, incessantly changing and taking on old and new aspects. Yet with all this confusion of hypotheses and apparent facts, there is a tremendous movement towards some great truth, or ranges of truths, which can only be seen from a higher point of view. Every medical man who has gone up far on the frontiers of medical research realizes this, and is startled by the fact that all these successive efforts in medicine are but stepping stones and roads of advance, to be abandoned further on.

These views are illustrated in the present excitement over the announcement of a new remedy for consumption. Many of the essays, lectures and editorials on this topic have startled the reader by their positive completeness and clear conclusions that almost a millenium has arrived for the poor victims of phthisis. Most of the real advances in medicine have been made silently, and after a time it becomes difficult to find their exact source. The medical man standing on the highlands to-day is never dogmatic. All his conclusions and opinions are stated as only apparent truths at present, but subject to constant revisions and change from the application of new facts and evidence.

Medical science is really a study of the laws of human evolution and decay, and all our knowledge is of necessity more or less imperfect. What is most needed is a judicial, analytical method of study, not a crowding of statements and theories, but education of the mind to compare the phenomena of life, and discern their true significance. Hence, quack books, lectures and journalistic articles, which assume a completeness in the theories they advocate, are obstructive to science. New discoveries, when beneficial, are to be welcomed always, but never as a final, absolute truth. If this could be generally realized, we should have no fads in medicine, no popular delusions, dying away only to give place to others. The bacillary, and every other new theory, after passing the ordeal of a critical examination would be quietly accepted as opening an outlet to wider fields of study. As it is, Carlyle's judgment, we fear, must be regarded as correct. "Doctors, like the masses of mankind, keep down in the valley of knowledge. Only a few ever climb up to the highlands and see the race march with the eyes of true science."

We speak of the "science of medicine," but medicine is certainly not an exact science, and it is doubtful whether, so far as therapeutics is concerned, it can be classed as a science at all. We get in our therapeutic studies very few, if any, such exact results, always the same and admitting of no exception, as in chemistry and mathematics. The action of aconite on the arterial capillaries, of belladonna upon the venous capillaries, of bryonia upon the serous membrane, and digitalis or veratrum-veride upon the heart, are often interfered with by the re-arrangement of the molecules after they have entered the system in a manner utterly incomprehensible to us, and in a way to change the action intended to be produced. In this uncertainty of the action of drugs, and the fact that the ptomaine produced by the death of tissue and the re-arrangements of the molecules resemble in chemical combination and action the whole range of the most poisonous vegetable alkaloids, where is that certainty, that exactness of knowledge, which will place therapeutics in the list of exact sciences? You stand by the bed-side of the child under the grasp of scarlet fever. The symptoms are distinctly marked, and precisely, so far as the closest scrutiny can detect, what you have seen from the action of your drugs. There is apparently a perfect similarity, and yet the drugs have so little effect that the child dies before your eyes. Where now is your science? What positive knowledge have you of that subtle poison which is paralyzing the vital forces, or certainty that the action of those drugs you rely upon to lessen the grasp, will not be changed by a hundred forces in the system before they can accomplish the work intended? Until we have that knowledge—that exact, unfailing knowledge of cause and effect—can it be said that medicine is an exact science, and that the key-note of a universal, infallible law of therapeutics has yet been touched? Are we not still groping almost blindly in the dark lanes and alleys of the world, bringing out slowly, oh how slowly! the atoms of truth, shining like gold in the darkness? Looking, hoping, working, with unflagging zeal and active brain for that light which will enable us to so understand the physics of the human system and of therapeutics as to evolve a law, whose action, based upon exact knowledge, will uplift medicine from the field of speculation and uncertainty and raise it to the dignity of a science.

Each year is accomplishing something. Each year the thousands of thoughtful observers scattered throughout the world are bringing something to the slowly accumulating fund of exact knowledge.

Our attention has recently been called to the presidential address delivered before the Michigan Homœopathic Medical Society by Dr. James C. Wood, of Ann Arbor, entitled "Epochs of Medicine." That this address has met the approval of the medical press is evident from the fact that it has been published in several medical magazines, and reprinted on the other side of the ocean. We presume that nine-tenths of the Homœopathic school thoroughly endorse the position taken by the author, and the conclusions reached, to a very large extent, have been voiced by the profession.

"Let us," says Dr. Wood, "present our system of medicine to the profession and to the world in its most presentable form. Let us strip it of its incongruities, which, I verily believe, have kept it from becoming the dominant system of therapeutics. Above all things, let us keep therapeutics

within its proper sphere, remembering that there is a limit to the possibilities of drug action. Let us not forget the conquests of surgery, and the debt we owe to the many noted operators in the various special departments of our school, who have done so much toward dignifying Homœopathy in the eyes of the public. And, last, but not least, let us frankly admit that there are other methods and other laws of cure which are ours to use if we see fit to do so; and, if we choose Homœopathy in a given case, it is because we think it for the best interests of our patient to do so, and not because the precepts of that school prescribe such a course. In other words, the true physician, thoroughly versed in the literature, the art and science of his profession, permits no one dogma to have complete control of his judgment, but uses his knowledge and his judgment, free of prejudice, to obtain the best results for the relief of his patient."

That the men of the Homœopathic school are well read, not only in the literature of their own school, but in the writings and teachings of the ablest men and closest thinkers of all schools, could be clearly shown from an inspection of the libraries and of the journals to which they subscribe, and from the facts stated by some of our largest medical book publishers and their agents, that the largest sales of their best books, in proportion to the number in the profession, are among the members of the Homœopathic school, and this is one great reason why the school has been so successful; why its influence has been so far-reaching, and why its manner of studying drugs, and its therapeutics have been adopted, (not necessarily under the name of Homœopathy) by the most advanced minds of the profession, as the true method of studying drugs and the best realization of a scientific therapeutics. In proof of this, we have only to look at the actual teachings and practices of the ablest men of the old school, including the majority of its educated members, setting aside entirely their disclaimer of Homœopathy, and looking solely to their teachings and practice to find that what they designate as scientific therapeutics includes as a leading principle in the study of indications and doses of remedial agents, the very principle we have been accustomed to denominate as Homœopathic. Look at the millions of granules of tablets and triturates, manufactured in precisely the same manner by old and new school pharmacists, which find their way into almost every physician's office through the length and breadth of the land. Take, for instance, the recent work upon drug pathogenesis, edited by Drs. S. Hughes and Dake, and we find the telling pictures of drug action, and the pathological changes produced by them, drawn from natural life, are, or would be if opportunity offered, studied quite as much by the old as the new school. The instruction thus obtained is more tangible than a mass of symptoms, real and imaginary, which, in some so-called works on Homœopathic materia medica, have been thrown together in almost inextricable confusion. We do not say this work may not be materially improved, but it is an attempt, at least, to relieve the Homœopathic school from one of the incongruities of which Dr. Woods speaks, which has certainly impeded its progress.

Getting down to the bed-rock, we find that nearly all schools, following different lines of work, are coming closer and closer together and becoming more and more alike in their general treatment of diseases. The preparation and administration of drugs constitute only a small part of the change which Hahnemann introduced into the medical world. The full recognition of the principles of life, and the power of the vital force in its free, untramelled action, and the harmonious working of the human system, were important factors in the new philosophy. Light, air, pure water, perfect cleanliness, and food capable of becoming assimilated without producing undue irritation, were of themselves, at times enough to change the entire condition by giving the vital force freedom to act, and when drugs were employed they were used, not to cure, but to relieve the vital force of the impediments to the performance of its perfect work. The great change in the sick-room, as shown under the direction of every intelligent physician, in careful nursing under nurses trained to their work, with the careful observance of correct hygienic principles, is now very much alike in all schools. This change, due in part, no doubt, to the impetus given to the vital theory in the teaching and practice of Hahnemann and his followers, is due still more to the natural increase of intelligence in practical observation. In the scientific investigation in the decades which have passed since he lived, it would be strange, indeed, if the medical profession, in the midst of the activity of the mental world, alone stood still, making no advancement in a study upon which depends, more than all else, the future of the human race,—that of biology. With the change of hygiene of the sick room, and fuller recognition of the power of vital force, a more careful study of the action of drugs followed, as a matter of course, and imperceptibly, year by year, medical thought and medical practice approximate more and more.

Hahnemann claimed that pure drugs, in proper doses, when indicated, acted Homœopathically, or in accordance with a fixed law of similia. The old school, while they admit the great importance of this principle in the treatment of diseases, and to a certain extent adopt it, deny, as do a majority of the new school, its universality, and come to a direct issue in the latter in claiming that the principle is not Homœopathic, while the principle is admitted. Is the simple name, which certainly admits of differences of opinion, of sufficient importance to keep up through the centuries a bitter, uncompromising feud?

Hahnemann, in his "Lesser Writings," page 363, says, "The rallying motto of a sectarian name is incapable of existing to sow calm scientific investigation. It only arouses the explosive spirit of accusations of heresy to a fierce volcanic flame. Truth and weal of humanity should be the only

motto of the genuine elucidators of the art, and the watchword of the brotherly of the peaceful bond of re-union, without slavish adherence to any sectarian leader, if you would not see the little good that we know completely sacrificed to party spirit and discord."

Is it not about time to appropriate a little of Hahnemann's practical common sense, and drop a name which is so offensive to the multitude, while we hold on to principles which have proven to be true? If, as Dr. Woods says, "ninety-nine one hundredths of the new school freely admit there are other methods and other laws of cure which are ours to use, and which we do use freely when occasion requires," are we not sectarian in name but cosmopolitan and thoroughly non-sectarian in practice, and should we not be stripping the school of another of its incongruities in abolishing a sectarian name of doubtful authenticity, which does not fairly represent our practice, and which alone prevents the complete triumph of the new philosophy, which, under any other name, would still be the same in its power for good? In doing this we abolish none of the organizations of our school. We work on with renewed zeal, because of more freedom in college, hospital and dispensary, and in the field of scientific investigation. The question of the new school is not one of affiliation with the old school, but in accomplishing all the good which can be done, in obtaining all the benefit which can be derived from intelligent and scientific work. There can be no difference of opinion in this sentiment of Dr. Woods, which for years has been voiced by the profession, that when the time shall come when the Homœopathic practitioner can discuss Homœopathy—what we call Homœopathy—in the American Medical Association, and similar organizations of that school, with the same freedom which characterizes his discussions in the now existing Homœopathic societies; and when he is permitted to enjoy equally all the rights and privileges of him who boasts of medical ancestry dating back 1800 years; when education, morality and merit are the only standards by which the physician is judged, then, and not until then, will there be an amalgamation of the schools. We cannot resist the belief that if the one incongruity of names were abolished, the standard might prevail with the next decade, and, failing that, the only amalgamation to which we can look will be an absorption into one catholic school.

The mysteries of vegetable life are not all yet explored. An Indian botanist has made experiments which induce him to say that some plants can see. Whether the inference can be accepted or not, these experiments go to show that the plants made an effort to reach supports placed at a little distance, and grew towards the supports, wherever placed. The plant was convulvulus, and when a long pole was placed near it, and in such a way that the tendrils would have to turn away from the light to reach it they invariably did so, and within a few hours twined about it. That certain plants have the sense of touch is well known.

MELANCHOLIA.*

BY P. F. BARBOUR, M. D., LOUISVILLE, KY.

MELANCHOLIA is a form of insanity whose essential and characteristic feature is a depressed, *i. e.*, subjectively arising painful emotional state, which may be associated with depression of other nervous function. It is not met with frequently in general practice, but it concerns so deeply the happiness of the patient and his friends because of the odium which so unfortunately attaches to it, and also because of its frequent tragic end, that it merits our careful study. We have all had our spells of the "blues," but they are not to be compared with the intense mental suffering and terror, which, at times, seem to paralyze the melancholiac. There is no physical pain comparable with their mental agony; and yet the beginning rack and ruin of the mind often starts with the "blues."

With the general etiology of melancholia you are familiar, and it is of the least interest to us, in that it is very rarely that any of the various factors in its causation can be obviated or mitigated, because we are usually called too late, owing to the reluctance of people to confess that any of their family is so afflicted. It is business worry and ill health that frequently overcome men. It is physical weakness after gestation, lactation, etc., in women that acts as a predisposing cause, too often seconded by family troubles. But when does the grief natural to such circumstances overstep the boundary line and become an evidence of disease? This is an important question for us to decide.

My attention was called several years ago to an important symptom group as a sign of impending danger, and I have confirmed its value by subsequent asylum experience. The group is, insomnia, mental depression, and occipital headache. It is the conjunction of these three symptoms that is of diagnostic importance; though the presence of any one should arouse our suspicions.

Insomnia stands in the relation to melancholia both of cause and effect. Its close connection with all forms of insanity is so well understood that it requires little further comment. It is important, however, to note that melancholiacs frequently lie for hours with eyes closed and yet not asleep. This is not due to a voluntary attempt at deception, but comes from their disposition to remain in any position they have assumed. Often in chronic cases they will complain of having been awake all night, when there is every reason to suppose that they have been asleep. Generally their appearance denotes whether they are getting sufficient rest or not. At the same time insomnia is of too frequent occurrence among the sane to make us suspicious of a case unattended by other unfavorable symptoms.

*Abstract of Essay read before meeting of the Clinical Society, September, 1893.

Likewise, gloomy foreboding and fearful anticipations of the future with remorse for the past, may excite our apprehensions and yet be merely an exaggerated pessimism. But if a mother displays acute grief for a daughter who has been dead for years and says she killed her, it is at once recognized to be unnatural. Or when a man suddenly without reflection or counsel from friends becomes convinced that he is a terrible sinner, without hope, in this world or the next, it is significant of insanity.

But our diagnosis will be rendered practically certain, if the third leg of the tripod is present, occipital or postnuchal headache. The severity of this headache as a rule does not approach that of the so-called billious headache, but is more often simply a tenderness consequent on or independent of pressure. This symptom is present generally before the patient has had any delusions, and is thus a valuable danger signal.

Other symptoms of melancholia, such as loss of memory and loss of interest in their families or friends, or disclination towards favorite sports and amusements, are usually present and serve to put us on guard, but the degree of abstraction of each person is difficult to guage, unless we are thoroughly familiar with his eccentricities, whereas the three symptoms upon which stress is laid are not liable to deceive, and hence are of the more service. When a patient has well developed melancholia it requires no skill to recognize it, but the best time for treatment has been lost.

The prognosis of melancholia is quite unfavorable, as only 60 per cent. of recent cases in asylum practice recover, though the prognosis as to life is much better. I have no doubt that with its early recognition and treatment a much larger per centage of recoveries can be maintained.

There are several important considerations in the treatment of melancholia, the most prominent of which is—shall the patient be treated at home or at an asylum? The answer must depend upon the environment and the pecularities of the individual. If the family have the means and are disposed to do everything in their power for the betterment of the afflicted one, he has the best chance at home. But ample provision must be made against possible suicide or homicide. As a rule, it is not difficult to nurse a melancholiac, if a quiet one. But if the patient has the agitated form he will do much better in an asylum, where he will be protected against himself and the danger to the family will be removed. We must consider the family as well as the patient.

When we examine a melancholiac we note, in addition to his mental symptoms, that his skin is dry, rough and scaly; his tongue is heavily coated; his bowels are constipated; his extremities are cold and his bodily temperature is below normal. Every organ of the body seems to be sluggish and thus shows the extent to which intense activity of the brain can inhibit that of the other organs. Our object should be to allay the excessive activity of the brain and to stimulate the visceral organs to their duty.

It is true of the nervous system that when it is run down from the lack of nutrition or other cause, it never returns to the normal condition until the other systems are in perfect condition. A patient should improve as to his physical health, and a patient who accumulates flesh and does not at the same time show mental improvement, is generally past hope. Thus nourishment is our aim and at the same time measures our progress.

It would be unprofitable to detain you with elaborate dietaries, for every one is a law to himself, but I must emphasize the value of frequent feeding. It is well known that slight stimulation frequently repeated will often secure more work from an organ and leave it in better condition, than a large amount given at one time. So light meals served frequently will arouse the digestive system much better than the time honored three meals a day. Mitchell's system of forced feeding with massage will sometimes produce brilliant results. Hydrotherapy also meets some of the indications and no doubt is of value. Frequently, however, the patients utterly refuse to eat, owing to some delusion with regard to the food, and the question of feeding by force will engage our attention. It is better in every instance to resort to force rather than to have the patient lose any nourishment. There must be no half-way measures adopted, and frequently the patient who realizes you are in earnest will cease to resist. In forcible feeding the most concentrated and nutritious liquid foods should be used. Often a patient can be fed with a feeding cup, although he objects strenously. If the feeding cup is not sufficient the stomach tube may be resorted to. It should be of large calibre, the larger the better, as it produces less gagging, is not so apt to enter the trachea, and feeds more rapidly. It is noticeable that these patients are much more tractable and appear better when their stomachs are full. They are always better in the afternoon when they have had food regularly through the day, than in the morning, when they have suffered from the long night's fast. They are more apt to commit suicide in early morning than any other portion of the day, and so require the closest watch at that time. They should have something to eat immediately on their awakening. It may be advisable to prescribe some of the bitter tonics or digestive agents, but they are indicated in only a few of the cases. Of course all the animal functions must be looked after.

The insomnia of insanity is often a most difficult symptom to treat. There are many kinds of hypnotics. and all are objectionable for one reason or another. Sulfonal is a fairly reliable hypnotic. It is objectionable because it is sometimes too depressant and when the patient is weak it may be dangerous. The same is true of chloral. When it is difficult to force hypnotics by the mouth, the hydrobromate of hyoscine, given hy-

podermatically, is very useful. In melancholia agitata, when the patient is constantly in violent motion, the motor-depression of hyoscine is very desirable. I have not been forced to the use of morphine as an hypnotic, but it is a valuable agent in the treatment of melancholia if it given in minute doses, for its exciting effect. We should be very careful to keep the patient in ignorance of the fact that he is taking morphine, for fear of a far worse fate.

Travelling is usually not good for these patients; it upsets their digestion, disturbs their rest, and does not overcome their absorption in themselves. But during convalescence it frequently hastens improvement and then is of benefit.

The regular hours for food and sleep in an asylum are often of the greatest benefit in cases of acute melancholia, but this very regularity is a disadvantage in the chronic form. It needs stimulation, change of air and food, and even these are usually inefficient.

A recent writer has noticed that certain of his chronic cases who had survived typhoid fever recovered their intelligence after years of asylum life. Possibly we shall come to inoculation as the *Fin De Siecle* treatment of melancholia.

DISCUSSION.

DR. J. A. Ouchterlony: I listened with a great deal of interest to the reading of the paper, and as I did so a number of cases that have been under my care rose up in my memory, and I tried to collate them as well as I could. It seems to me that instead of being a more rare form of insanity melancholia is perhaps the most common form that I have encountered. I do not mean to say that this is the general experience of physicians, but it certainly has been mine. It may be owing to circumstances. As to the etiology, I agree fully with what Dr. Barbour has said. Delusions, in my observation, have occurred more lately in the disease, not very early. Hallucinations are quite common and continue for a considerable length of time, but as a rule I think it is only after a considerable struggle that they become delusions. A number of cases have recovered under my observation, and yet I am entirely unable to form any idea as to the proportion. I was very much interested in hearing what Dr. Barbour said, and at the same time it is quite distressing to think that the prognosis is so grave; it is a very serious prognosis where only 60 per cent. recover, only a little over one-half. I did not understand whether it was meant that the disease passed into permanent insanity, or whether 60 per cent. terminated fatally. A great many of these cases commit suicide, and the suicidal tendency is quite marked; in some cases I have found the disease to begin suddenly and with manifestations of suicidal tendencies. Of course this may have been owing to the fact that the patient was not subject to intelligent observation; it is very likely that there may have been earlier symptoms that were passed over. The diagnostic points Dr. Barbour mentioned struck me very forcibly. I have not looked particularly for the post-nuchal or occipital pain; while I can remember having observed it in some cases, I am unable to say in what proportion, but the diagnostic tripod is a very interesting and important one, for of course the earlier the character of the disease is recognized, the better the prospects are for recovery. I have been struck in a number of instances with the fact that not a cause could be found. I remember one case in particular, a man who was well-to-do in every respect. His home life was agreeable; he had friends who appreciated him highly, and everything seemed to be going on well. All of a sudden one night he did not return and the next morning when the office where he was employed was entered, they were surprised to find tracks of blood in every direction; finally the man was found in a corner of one of the upper stories, having hacked his wrist with a blunt knife in an effort to sever the radial artery. He had also made incisions at the elbow trying to get an artery higher up. He had hacked himself in the lower extremities and had lost a great deal of blood, and yet fortunately he did not strike an important blood vessel, and consequently was simply exhausted from loss of blood, without being in a dangerous condition. He felt very much ashamed of himself and promised that he would never do such a thing any more, but after awhile there was a recurrence and he tried again to commit suicide. He was always a very quiet man and it is possible for that reason no one had been able to ascertain his real state of mind, and that the disease may have been brewing for a good while and finally burst forth in this lamentable way. In regard to the treatment: I have nothing to say in addition to what Dr. Barbour has so well said, except to ask the doctor if he has tried the new hypnotic, *chloralose*. We all know what our past experience has been in regard to new remedies, what hopes have been kindled by reading about them, and how frequently we have been doomed to disappointment, but, really, it does seem as if this new hypnotic must have some considerable merit; I am sure I hope so.

Dr. J. A. Larrabee: (Visiting.) Where such interesting discussions are conducted—if two or three are gathered together—you can always count men in. I have not only been entertained, but very much interested by the valuable paper. The subject is one which has interested men in all ages, and not only professional men, but laymen and poets as well, and I believe the contribution by Dr. Barbour is a very valuable one, which will not only be recited, but read with a great deal of profit. The paper is not only an interesting, but in some respects a very remarkable one, inasmuch as the essayist has left out what was once considered a great factor in melancholia. Among the ancients it was supposed that melancholia was dependent upon some faulty action of the liver, so-called black bile. I have

considered (and I have not given the matter as much thought in the past as I shall since reading Dr. Barbour's paper) the question as to whether melancholia was a disease or a condition. I have looked upon it as a condition which will develop disease by its presence. Melancholic people are usually found to have a hereditary predisposition or possess a peculiar diathesis of this trouble. It is quite rare that we find a person having a sanguine or nervous temperament the subject of melancholia, but it is often encountered in dark complectioned people. Take for instance the question of religious insanity; I do not know how many times I have cleared up the most depressed sinners by the administration of calomel and blue mass. I have seen a great many people react under calomel and blue mass and their morbid ideas have been relieved. I believe that there is a great deal in entertainment, also, for those who are afflicted with melancholia. We are creatures of entertainment, and if we entertain people continually of one class, we will be very much like those whom we entertain. Now man is so constituted that entertainment affects the thoughts, and it is true that if we break up that entertainment early in these cases we can succeed in breaking the chain of the melancholia. It has been many years ago since a large factory in Massachusetts, I believe, toppled over—it was a tremendous structure for those days, being about what the Masonic Temple, at Chicago, is to our time—every portion of the building was substantially constructed under the supervision of the best architect obtainable, still without any known cause it one day tumbled down and a thousand people were killed, maimed and injured. The cause was never explained until some workman came along and said that he could enlighten them as to why the factory tumbled down—he said "They set the looms all one way." It was then remembered that the looms were on the top floor, and were all set so as to clash at the same time, the consequent shock being greater than any structure on earth could stand. If part of the looms had been set to clash in one direction, and the balance in the other, the catastrophe might have been avoided. Thus it is by crossing the grain that we are able to break the strain, in melancholia. I remember one case where a man would not be convinced that he was not going to die. He believed that he was dying all the time on his feet. A certain doctor was called to see him and said that if we could just break the chain of thought, and convince the patient, that a cure would be effected. The doctor went in and taking the patient's hands and then his feet—"Why," he said, "your hands and feet are perfectly warm; do you know that no man ever died with warm feet?" The patient never changed countenance at all but replied, "Yes, sir, John Rogers, he was burned at the stake." I simply mention this to give you some idea of the persistency of their train of thought and the difficulty experienced in trying to break it up. If a patient of this character could be taken to minstrel shows, theatres, etc., I think the chain could be broken. I believe that psychical diseases should be treated with psychical remedies. We would not expect to obtain the same results from the administration of drugs that we would in diseases of a pathological nature, and for that reason I have considered melancholia a condition rather than a disease, at least at first. Another condition which I have found remarkably persistent in those suffering from melancholia is the presence of oxalic acid in the urine—oxaluria—showing a condition or disease which it is possible to relieve. Whether or not the torpid condition of the liver is such as to produce this by the retention of material, is a question which the essayist has left out, entirely ignoring this wonderful organ, to which is attributed the majority of cases of melancholia; but I do think in most of these cases we have a condition which can be relieved, and in the relief of which the patient's mind is also relieved. That has been my observation. I am not speaking of cases of melancholia in the asylum, but those encountered in private practice, patients who have to be treated by the ordinary means. I believe then that the principal thing for us to do is to apply such medication as will soften the evacuations, and remedies which will get rid of the metamorphosed tissue, and we will have better results than by resorting to hypnotics and drugs of that class.

Dr. J. F. Barbour: I have often wondered what the pathology could be which is at the bottom of this curious disease we are considering to-night. I remember the instance of an old woman who labored under a severe form of melancholia for five or six months; in this case the melancholia developed very suddenly, probably in the course of twenty-four hours, without any assignable cause. At the end of six months, in the same inexplicable way, and in about the same period of time, the whole trouble disappeared. I believe that the trouble in these cases is purely functional, and those changes which are often found in the nervous system are merely secondary, and are not really the pathology of the disease. Some interesting investigations have been made on this subject by Richardson, of London, and it was probably owing to his experiments that attention was called to the liver as being the seat of melancholia. Richardson noticed what all of us notice to-day, that all diseases occurring below the diaphragm are attended by depression of spirits; that diseases of the thoracic cavity are not attended with this depression. The result of his observations was that he claims to have discovered the seat of this trouble is the solar plexus; that there is an obstructed flow of blood to the solar plexus and a consequent imperfect nourishment of this ganglion.

In regard to relation between diseases of the liver and melancholia, Hammond has taken the view that many cases of melancholia are the result of abscess of the liver. And the aspiration of this abscess or removal by surgery will bring about relief of the melancholia.

Dr. T. P. Satterwhite: I believe that one cause of the large per cent. of non recoveries in all diseases of the character under discussion is that the patients are retained at home too long. In all forms of mental disease, too much valuable time is lost in separating the patients from home surroundings and putting them under proper treatment; this includes as Dr. Barbour has said, systematic feeding. There is not so much value to be attached to the medication as in the feeding, in the management of these cases. I saw a year or more ago when I was East a very remarkable case of melancholia, in which the patient determined to commit suicide if possible by means of starvation. It was in one of the State Institutions that I saw the case, and the patient had been maintained for three years by stomach feeding through a tube. She was in a fair state of nourishment at that time.

Dr. J. M. Krim: I fully agree with Dr. Satterwhite that patients suffering from mental disease, should be gotten away from home as soon as possible. I had a case of this kind about three months ago in a lady 66 years of age, her husband being 74. Her melancholia or mental disturbance was principally that she was suspicious that her husband left home in the early morning and did not return until late in the evening. While she was treated at home there was no apparent improvement in her condition; no form of medication or management seemed to have any effect. She was removed to an asylum about two months ago and I understand there is already a marked improvement. I simply mention this to emphasize the belief that the best results in the treatment of these cases can be obtained by their early removal to a proper asylum.

Dr. J. A. Larrabee: Do you not think in these cases if the patient is told the trouble comes from abscess of the liver, and if pus from any other source is shown him after the operation, that his melancholia will be greatly improved?

Dr. J. A. Ouchterlony: I am afraid that cases of melancholia are not so easily cured as that.

Dr. J. W. Irwin: The theory advanced by Richardson regarding obstructed circulation through the solar plexus, is a rather delicate one, but not so much so as the theory advanced by Hammond that the trouble is invariably due to abscess of the liver. Other theories attaching the responsibility to various organs below the diaphragm have had their advocates from time to time.

Within the last two months it has been my privilege to attend in this city two men who have had acute melancholia. The attacks came on in both cases very suddenly. There was no evidence of disease in the region of the liver in either case. There was nothing I could discover that could interfere with the circulation through the solar plexus. I found that mental trouble was the cause of the melancholia in both cases; both of the men happened to have their money locked up in one of the National banks here which suspended. They were about to lose everything that they had accumulated. Both were stockholders in the bank referred to, and one of them owned stock in another bank which had also suspended, and both suffered from acute melancholia. How the locking up of their resources in the National bank and the fear of losing everything could have interfered with the circulation of the blood through the solar plexus, or brought about an abscess of the liver in each case so suddenly, are questions that I have been unable to solve. I simply refer to the point, that if the circulation through the solar plexus was obstructed in these cases, the cause was peculiar; if the liver took on an abscess in these cases, the cause was equally peculiar. Therefore I am inclined to the belief that both of those theories are very mythical. The first case that came under my observation is still under my treatment and the patient is not well; his money is still locked up. He suffers with the delusions of melancholia to-day, but the symptoms are not quite so severe as when he was first taken. The other case has left the scene of action. I was called away from the city while attending the second case, and as I had an excellent consulting physician and surgeon, I advised that he be called to see the case in my absence. We had given this patient, who was suffering from an acute attack of melancholia, hypnotics which caused profound sleep and brought about some amelioration of his condition, but one morning he arose from his bed and committed suicide by walking off a moving train.

I have seen a good many cases of true melancholia, not the ordinary disturbances which we see arising from engorged circulation, diseases of the liver and organs below the diaphragm, diseases that are often relieved by treatment—I speak now of true melancholia. I do not know what causes it. It is due to some altered condition of the intellectual apparatus of man. That is about as far as I can go. So far as any pathological condition is concerned, I do not know anything about it. I have never seen any case of true melancholia to fully recover. I have seen them get some relief and apparently at times they looked as though they were well. So far as other disturbances are concerned, simulating melancholia and dependent upon to some extent the digestion, assimilation, etc., those cases when properly treated, when taken away from home surroundings, given a change of scenery, change of air, etc., and when they are brought in contact with strong minds which are able to convince them that they are not going to die, they sometimes get well or nearly so; but I question even in these cases if complete cures ever result.

Dr. P. F. Barbour: I would like in closing to say a few words in regard to one or two points that have been brought out in the discussion. I think the good accomplished by removing patients suffering from melancholia from their homes and home surroundings which has been emphasized so much, is simply owing to the tonic effect of change of scenery, change of air, etc. It has very

little effect upon the mind. You can talk to a melancholiac or a patient with any other form of insanity, and you are talking against the wind. You cannot convince them by any process of reasoning that you are right. When patients are getting better you can often convince them of their delusions or hallucinations, and when the patient gets to the point that he knows that he has hallucinations, he is almost well. I regard traveling as simply a tonic treatment, and as producing its good results by its effect upon the general system of the patient and not by producing new mental impressions.

Regarding oxalic acid in the urine of these patients: I think this is another form or another instance of indigestion or dyspeptic trouble, and believe that proper treatment of the digestive apparatus of these patients is the only thing we need do for their relief. We do not know what is the essential lesion of the patient, we only observe certain symptoms he has. There is no pathology to true melancholia; we are not able to tell from a *post mortem* of the brain that the patient has had melancholia. So that systematic feeding, and proper treatment of the digestive system is one of the few things that we can get hold of to treat.

I do not agree with Dr. Larrabee that hypnotics are of secondary importance in the treatment of these cases, although I do believe that too much importance is often laid upon hypnotics in the treatment of insanity. We have to give these patients rest and sleep, otherwise the increased activity of the brain is sufficient of itself to wear them out.

LIFE IN THE CELL.

By James A. Carmichael, M. D., New York.

UNDER the compelling guidance of law, we have seen boundless space peopled with newly-born worlds, and among them our cosmos has assumed its place, and begun the probationary preparation of the conditions necessary to exist before any manifestations of life were permitted to appear. We desire to consider, as succinctly and briefly as possible, the various distinct epochs or ages, known as the Palæozoic, as they have been given by geologic history. Let the reader bear in mind that our ultimate object is to reach man, and to do so consistently, and with an eye to the necessities of the physical, mental and other elements of his organization that constitute him the "Homo," the creature endowed with all the characteristics that ennoble and distinguish him from all pre-existing forms and conditions of life, but at the same time preserving and presenting many evidences of the unbroken and indissoluble chain whereby he is interlinked, and his organic structure interwoven with that of other anthropoid or man-like creatures that inhabited the earth prior to his advent, and that were alone fitted to the then existing terrestrial conditions. In the early days of theoretic speculations upon the beginnings of life by physiology and physiologists, there was promulgated the doctrine that all life emanated from a primitive ovum, and for a long time the "omne vivum abovo" was the "shibboleth" that gathered many adherents and held them together by a strenuous and persistent faith, which remained steadfast and unshaken until that other fiat, "omnis cellula e cellula" was proclaimed by restless and progressive science, and now remains fixed and immutable in the scientific mind of to-day. By reference to geologic record, and according to the most recent views entertained by various authorities upon the vast and highly interesting subject of geologic and palæozoic history, the epochs that witnessed and determined the telluric transformations that have succeeded each other since the beginning of the earth's existence, have been divided into four distinct ages or epochs, and subsequently subdivided into seven, having reference to the appearance and development of life. For the purpose of a clear and comprehensive perception of these various telluric periods, let us use the convenient form usually adopted, and which may be briefly stated thus: The primitive epochs consist of: 1st, the Primary, 2nd, the Secondary, 3d, the Tertiary, 4th, the Quarternary. Then for still further simplification, the epochal subdivisions that signify, not only telluric periods, but the life that animated those periods must be added. The subdivisions are as follows, and we would here express our indebtedness to a recent and admirable work upon "The Evolution of Life," by Dr. H. W. Mitchell, and from which we propose to make copious extracts. Of course it would not be consistent with the purpose we have in view, nor would it be necessary to the ultimate revelation of that purpose to pursue geologic history as minutely as is done in the work referred to. But we shall adopt the subdivisions of the epochs as therein given, and they are as follows: The Palæozoic; primary. 1st, The Azoic; age without life. 2d, The Silurian; age of invertebrates. 3rd, The Devonian; age of vertebrates. 4th, The Carboniferous; age of plants. The Mesozoic. Secondary. 5th. The Reptilian; age of reptiles, the Cenozoic. Tertiary. 6th, The Mammalian; age of mammals, the Post Tertiary and Quartenary. 7th. Age of apes and of man. In pursuit of the object which we must keep steadfastly in view, viz., the investigation of the beginning of life as it appeared and continued as the successive epochs began and continued, and subsequently disappeared as age succeeded age, and the life that lived in one epoch maintained that life for a time, and passed away to give place to another form of life adapted to new and progressive telluric conditions, we say, to keep our object clearly in view, we must question the living forms from the Palæozoic era onward, giving to each such consideration as limited space and time will admit. Then the Azoic age must first claim our attention. The name of this age of the world's existence Azoic, from α, neg, and $\zeta o o \nu$, a living

thing, sufficiently declares that upon the earth as it then existed, no living thing "moved or had its being." Here we take the liberty of quoting from Dr. Mitchell's admirable description of the condition and appearance of the earth at its first beginning. After describing the process of the ejection of the earth or what was to be the earth from the sun, he says: "Of course the outermost planets were detached from the sun first, and long periods probably elapsed between them. Our earth became detached towards the last of these processes of activity. Only two, Mercury and Venus, were formed after our earth." Again: "It is probable that the period of time from the moment that our earth was first thrown off from the sun as a gaseous mass, down to the period when it became a semi-fluid, pasty mass, having its first fixed spheroidal shape, was longer in duration than all the ages that have since lapsed until today. It must be computed as many millions of ages, for the reason a mass so vast, and so intensely heated, must have cooled very slowly." Then follows the submergence of the earth by water, which period geologists have called the Azoic age, "that is from the time the earth was in a gaseous state, to the time when it was sufficiently cool to be covered by water; as there was no land there could have been no life." Then followed the advent of the Silurian age, with its three sub-divisions of Primordial and Lower Silurian and Upper Silurian. Now life for the first time appears, and here begins the object of our search. The earth has uplifted itself, and portions of it have emerged from their aqueous submersion, and now feel the warm glow of the sun. The conditions requisite for the birth of life now exist, and lex suprema demands that it shall appear, and it does, in what form?

In the air and water of the Silurian age, there were present all of the elements necessary to the formation of a material to which the name of albumen has been given, and its chemical constituents, derived equally from the air and water, have been chemically designated as consisting of six different elements, viz., carbon, hydrogen, nitrogen, oxygen, phosphorus and sulphur, all in different proportions, carbon, nitrogen and oxygen predominating, and albumen and its compounds have ever since formed a large element in the structure and composition of living animals, and of the food upon which they subsist. Not only so, but because these elements are constantly present, another convenient and appropriate term is in common use to signify its connection with life from its earliest beginning. That term, as is well known, is protoplasm, $\pi\rho\omega\tau o\nu$, first, and $\pi\lambda\alpha\sigma\mu\alpha$, deposit. The next question that naturally presents itself to our consideration is as to the relation that exists between this first deposit, and the life of which it is the recipient. Whence comes the power that endows protoplasm, an albuminous jelly-like substance, with the phenomena of life? According to our author and as before stated, "Life is a form of chemical energy or force acting on organic substances, and it sprang into existence by the operation of a fixed and inexorable law known as chemical affinity," and he goes on further to say that "chemical affinity rearranged the atoms of the elements found in the water, and under conditions so favorable, the little protoplasmic masses or cells came into existence." Each cell then became an independent entity, its nutrition provided for by its own vitality and power of absorption, and its protection assured by the subsequent formation of its cell membrane or outer covering—so then, we have the primordial cell fully organized and prepared, not only to assume its own independent existence, but also endowed with the capacity to repeat itself by a process known as fission, and then, by reason of its nutrition and growth and progressive vitality, the powers of sensibility and locomotion were superadded, and thus a living creature was ultimately evolved, owing its existence to the union and combination of primitive elements which were originally generated by the same Power that from chaos was able to launch worlds into space once "formless and void." The cell then, being established as the primordial factor of life from its remotest and simplest beginning, and as we know and see its capabilities of growth, enlargement and development into increasingly new and progressively higher forms of life in all its multitudinous aspects and conditions, embracing every possible form to be seen upon the earth, from the lowest to the highest, the regular gradations of animal life follow on in uninterrupted sequence, each succeeding form representing a higher order of development, with so many marks and indications in its organic structure to show its relationship to antecedent forms, that it may be said to be but the natural evolution from an inferior to a superior and higher grade of animal life, and an increasing and more complete consummation of the enduring law—suprema lex—that compels the constant progress towards perfection. For the purpose of illustration of these various gradations of life, and to preserve the connecting links in the unbroken chain that leads on ultimately to man, we find that from the primitive life that is represented by a single cell, we can learn the operations of the generative powers and forces that, beginning in the simplest form, and manifesting themselves in the creation and preservation of the feeblest life, yet they serve to establish the principle of life that shall go on increasing and enlarging as we advance, higher and higher in the lengthening scale of creation, until we reach the most perfect order of development, man. In the creature known as the amoeba, though unicelled and degraded, there yet exists the vivid element of life. It lives, it moves, it propagates itself and according to our author, "It is formed by the union of certain elements, but we do not know how the atoms of those elements are joined to form the animal. It is certain they are formed by a chemical process, and the process has been the

same from the first cell to the last." At this point the temptation is irresistible to contend with our author upon his affirmation of the maintenance of life by what he calls a chemical process. In this lowest form of animal life, the atoms that constitute it a life at all, are originally formed and subsequently held in animate condition by the operations of "a chemical process under the control of a chemical affinity:" so says our author! If that be so, then may we not be at liberty to say "ex uno disce omnes," from one learn all, and declare that every cell that plays its part in the formation and perfection of a life, whether that life be degraded and finite, or endowed with the highest powers of which an organized being is capable, is but an aggregate of atoms chemically generated, and their functional operations chemically enforced? Then, passing from the lowest to the highest organization known in the scale of created and perfected life, must we assume that a cell in the brain of man, a cell that contributes its cell force to the elimination of intellectual power and the elaboration of thoughts that proclaim themselves in burning words that move the world, must we say that the cell is but the agent and the instrument of a chemical affinity, and that its emanations are but the perturbations of a chemical force? We make this suggestion here as we pass currently along, and submit it to the consideration of the thoughtful reader, and our suggestion is sustained by the following from a recent address delivered by Sir Edwin Arnold, before the Birmingham and Midland Institute, to the Presidency of which he has just been elected, and it is so directly in our line of thought that we may easily be pardoned for inserting it here. He says:

"Two fatal blows, among others, have fallen upon the old, narrow-minded theologies and philosophies; one was the Copernican discovery, that, instead of being the centre of things, furnished with sun, moon, and stars for lamps, and created as the sole care of heaven, our globe is but a small, obscure islet of the celestial archipelago, an almost insignificant speck in the galaxies of glory filling space. The chief religions of the world have not even yet adjusted their doctrines to the great verities of Newton and Galileo, although they will have to adjust them. A second revolutionary announcement, which has altered bygone ideas, is that of the revealed vastness of geological time, followed by Darwin's 'origin of species.' Modern astronomy and evolution have silently swept away 'dark, tangled schemes of sad salvation' and the belief in special creations. It seemed at first, to some conservative minds, that all was hereby lost for human hope and pride if we were indeed so closely akin to lower life, and so humbly placed in the stellar systems. But those prodigious truths have really enhanced, unspeakably, the dignity and value of human existence. If earth knows now that she is only, as it were, a bit of driftwood in "The blue Pacific of infinity" she has also learned that she influences by attraction, every orb in the sky, and is influenced by every orb. The descent of man from an ascidian mollusk immediately implies his ascent towards unimagined perfections. If we started so low down, we have already climbed up most promisingly. The amphioxus has no cerebrum at all, the halibut, as big as a man, possesses that organ in size smaller than a melon seed, while the cranial capacity of the Australian savage exceeds that of the gorilla by ten cubic inches, and our Birmingham artisan's skull is better than the 'Black Fellow's' by forty cubic inches, to say nothing of those convolutions of the brain, in the civilized man, which are its most important feature. There, by the way, is the physical throne of that consciousness which puzzles the boldest materialist, and obliges him, if really scientific, to confess his ignorance. An illustrious interpreter of the ways of nature, Prof. Tyndall asked, 'What is the causal connection, if any, between the objective and the subjective, between molecular motion in the brain, and states of consciousness? Does water think and feel when it runs into frost-ferns upon a window pane? If not, why should the molecular motion of the brain be yoked to this mysterious companion, consciousness? His answer was, 'I do not know, and nobody knows.'"

In the contemplation of this subject, we are impressed with the sense of the omnipotence of that "Great Power that subdueth all things unto Himself," and we labor, and perhaps shall continue unavailingly to labor that we may be able to perceive and to know

> "How the dim speck of entity began
> To extend its recent form, and stretch to man."

HABITUAL NOSEBLEED.*

By Wilh. Roth, M. D., Vienna, Austria.

IT is contested by no one to-day that the term epistaxis has a very broad meaning, and that it may be due to the most varying causes. It has lost its place as a name for a clinically sharply outlined symptom-picture, and rather indicates a symptom which may appear under the most manifold pathological conditions. Habitual nosebleed is either caused by general diseases affecting the whole organism, or some change which affects the interior of the nose alone; and it is of importance to know this, for the results of profuse and repeated epistaxis are deleterious. The general diseases in which it may appear are:

1. Diseases of the blood vessels and of the blood itself, as in scurvy, morbus maculosus, werlhoffll, hemophilia, etc.

2. Great friability of the blood vessels in consequence of infectious diseases, acute exanthemas, typhoid fever, diphtheria, as well as in sub-acute and chronic infectious diseases, as malaria, pyemia and septicemia.

* Translated by Dr. F. H. Pritchard, Norwalk, Ohio.

3. All those diseases which lead to stasis of the circulation, as valvular heart disease, pulmonary diseases, tumors of the mediastinum, cirrhosis of the liver, Bright's disease, amyloid disease of the liver and kidneys, and finally, during the physiological process, pregnancy.

5. Vicarious menstruation, which, though not very frequent, is yet observed here and there.

Among the local changes in the nose are:

1. Erosions and superficial ulcers of the mucous membrane, which are chiefly found on the anterior portion of the cartilaginous septum, and arise from cartilaginous elevations. ecchondrosis, cristæ.

These are also found on the floor of the nose, though less frequently, as well as on the middle and lower turbinated bones. In many cases they are of traumatic origin, *i. e.*, they are due to rubbing with the handkerchief or scratching with the finger nail. In other cases they arise from the presence of a catarrh and are dependent upon the erosive secretions or the action of pus.

2. Varicose enlargement of the veins upon the anterior section of the septum. In such cases with light one is able to see small bluish-red nodes on the cartilaginous septum from enlargement of the veins, which are very thickly interwoven here.

3. Perforating ulcer of the septum. This ulcer, which has been designated by Voltolini as *ulcus rodens*, is not of syphilitic origin. It may, as Hajek has demonstrated, begin on the mucous membrane, and burrowing down, perforate even the cartilage and the mucous membrane on the other side, forming a perforation of varying size with sharp edges. As long as the edges of this opening are not healed over, very profuse hemorrhages are liable to take place.

4. Ulcerations of the mucous membrane and of the bone in consequence of syphilis, tuberculosis, lupus and other destructive processes.

5. Neoplasms, among which are sarcomas and soft carcinomas, are especially prone to hemorrhage. Fibrous or mucous polypi nearly never give rise to epistaxis.

6. A certain friability of the mucous membrane, which microscopically presents no discoverable alteration.

7. Traumatism, as blows, a fall upon the nose, etc., with fracture of the bones or not.

The source of the hemorrhage should be sought for, but not at the moment when the bleeding is taking place, but later. He proceeds to find the spot by touching the whole mucous membrane with the end of the nasal probe, and, on pressure, the seat of the lesion will be liable to become apparent, for though the healthy mucous membrane may bleed a drop or two the affected portion will spurt blood profusely. Cocaine should not be previously used, for it produces an artificial anemia which may prevent the success of the experiment. Only profuse and sudden hemorrhages are to be regarded as indicative of lesions. If this does not succeed, then the results of the treatment will possibly throw light on the case. In the treatment the hemorrhage must be controlled, regardless of its source. A good way to stop it is to grasp the wings of the nose with the thumb and forefinger, and have the patient lean the head forwards. Thus a clot forms in the nose which prevents further hemorrhage. Often a compression of several minutes is necessary. If this fail, pack the nostril with cotton and incline the head forwards. Apply cold to the back of the neck. The perchloride of iron is not advised, as it will irritate the mucous membrane, and is really no better than cotton alone. If this fail, do not waste time with injections of various remedies, but proceed at once to tamponade. He never uses Bellocque's canula in such cases, as it is inconvenient, but by introduction of long strips of gauze wicking, which are pushed in, layer after layer, until the whole nostril is filled. Iodoform gauze is disagreeable on account of its odor, and has no advantage over other gauze or wicking. Leave it in for three days, when it should be removed, as it will begin to become septic and unnecessarily irritate the mucous membrane. Growths must be removed by the snare, curette or caustics, or possibly all three. Tuberculous ulcerations are to be curretted thoroughly, with subsequent cauterization. Syphilitic ulcerations demand general anti-syphilitic treatment, and touching the ulcer with a one per cent. solution of corrosive sublimate as long as it is not cleansed, and then, till healing, with a solution of iodine or nitrate of silver. In case of venous dilatation, excoriations, or a certain lesibility of the mucous membrane, energetic cauterization with the galvano-cautery, chromic or trichloracetic acid will form a firm cicatrix which will obliberate these conditions. Nitrate of silver does not form a scab which clings well, and hence is not adapted to cauterization here. Trichloracetic acid is of service in the milder forms, chromic acid forming a very tenacious eschar, and the galvano-cautery in the more severe cases, as they have a deeper action. Chromic acid he prefers, as it penetrates very deeply into the tissue, and leaves no scar, requiring three weeks to fall off. The galvano-cautery is liable to be followed by adhesion; treat afterwards with a solution of pyoktanin. Chromic and trichloracetic cause no adhesions.—*Wiener Med. Presse, Nos. 23-24, 1893.*

Alcoholism and the Industrial Arts.—Jules Rochart, Paris, lays down that though drunkenness has been a vice of all time, alcoholism appertains only to our epoch. This modern disease was born with the production of industrial alcohols, practically only about half a century ago. The terrible progress of this scourge is proved by the fact that all the northern nations of Europe drink twice, thrice, or four times as much as the French, the annual consumption of alcohol ranging from 3.80 litres per head in France to 16.51 litres in Denmark. In England intemperance among women has spread with deplorable activity. The alcohols of industry are dangerous not only because they produce drunkards, but because they are poisons, the more hurtful as they are less thoroughly rectified.

CLINIQUE.

MALIGNANT TUMOR OF THE SIGMOID FLEXURE.*

By J. M. Mathews, M. D., Louisville, Ky.

SOME time ago I was called to Shelbyville, Ind., by telegram asking me to see a patient and be prepared to do a colotomy. I made the trip and was surprised to see the patient at the depot in his carriage to meet me. I found him to be a man about fifty years of age, comparatively a small man, in height especially; weighing probably 155 pounds. We drove to his home and I stripped him to make an examination, and while he was preparing for it gave me this history: He said that he had pain nearly all the time over the point of the sigmoid flexure, in the left inguinal region; that frequently it was so severe that he would fall on the street; that he passed blood, mucus and pus from his rectum; that he could not have a moulded action, nor had not had for a number of months; that the fecal mass passed in small pieces, or as a tape line in shape. I put him on the table naked, and in an examination of his abdomen noticed that it was of about medium size. Over the colon he had a tumor which seemed to be more or less superficial, scarcely being able to detect any well defined base; I was deceived by it, because I thought it had something to do with the case. I could not detect any tumor underneath it, or in the sigmoid flexure proper.

I said to his physician that I did not believe then was the time to do a colotomy, that by an injection given high up in the colon he could pass feces, as was evidenced by giving him an injection. I gave it as my opinion that he had a malignant tumor in the sigmoid flexure. My reasons were principally from the clinical aspect and history of the case; that the time would come when we would be justified, perhaps, in doing a colotomy. With that diagnosis and prognosis I left him.

A few days afterward he was influenced, partly by his family physician, to go to Chicago and consult an eminent surgeon there in regard to his case. He went according to this direction and was given a most thorough examination by one of the most distinguished surgeons in America. After that examination the surgeon wrote the following letter to the family physician:

"I made a very careful examination of the patient you were kind enough to send to me for my opinion. Rectal examination revealed a catarrhal proctitis, and a few small internal hemorrhoids. I could feel no tumor or swelling in any portion of the colon. I made a rectal insufflation and had no difficulty in forcing air along its entire length and beyond the ileocaecal valve. When the colon was distended I again made palpation, with negative results. The prostate is much enlarged. It is possible that he has a simple stricture of the sigmoid flexure, but the future will have to determine a positive diagnosis of this condition."

Now I have contended, gentlemen, for a number of years, that no man is able by palpation and the ordinary methods of external examination of the sigmoid flexure, to detect a tumor in it. I do not believe that in an ordinary sized abdomen, or indeed, I might say when the patient is more or less wasted, it is possible to definitely say that there is a tumor, or a cancer, if you please, in the colon at this point of the flexure. I have been forced to this opinion from examining many cases and failing absolutely to detect a tumor, when afterward by the death of the patient it was revealed that a malignant tumor existed. Therefore, I believed that the only way by which a diagnosis could be reached was by a clinical recitation of the symptoms of the patient, as was evidenced in this man. Now here is a man that will bear out my theory—if theory you may call it—he was under size, he did not have a large abdomen, and was examined by one of the most distinguished surgeons, as I say, in America, and he writes the letter quoted above, stating that by insufflation of the bowel, and by as thorough examination as he is able to make, he decides that there is no tumor of any kind in this man's sigmoid flexure.

Six weeks after he returned home, he was taken with sudden pain on the street, fell, and was conveyed to his home and expired in two hours. Feeling at least a little embarrassment over the case, in that I had said there *was* a tumor in this man's flexure, I had asked for a *post mortem* when his death occurred. Dr. Cook, of Indianapolis, had seen the patient about a month before I did; he believed also that there was a malignant tumor. The family physician promised me that if the man died he would have an autopsy. Upon his death Dr. Cook was immediately telegraphed for; he went to Shelbyville and held a *post mortem* upon this patient; I have read you the eminent surgeon's letter, and here is the specimen. With this sized malignant tumor in the sigmoid, the surgeon failed to detect it. Here is the colon, which had bursted, as will be seen, the contents passing into the abdominal cavity, which caused the patient's death.

I cite this case simply to prove my theory that if so distinguished a surgeon as the one who examined this case is unable to make a correct diagnosis, it certainly establishes the point that it is a most difficult thing to detect a tumor in the sigmoid by palpation.

DISCUSSION.

Dr. J. W. Irwin: The eminent authority whose letter you have read is cautious in giving an opinion, and on its face it is a sort of go-between; but it says that "the future will have to determine the positive condition." This seems to me to be the meat of the letter. Further statements on the part of the writer were superfluous, and when used at all could not have enlightened any surgeon.

* Clinical Society meeting, Sept. 26th, 1893. Stenographically reported by C. C. Mapes.

No doubt this part of the letter was intended for the patient and his friends and so it seems. Such eminent authors should not stoop to methods capable of double meaning, since frankness within the ranks of the profession should be observed as much by such men as by those less endowed by nature's gifts. The opinions of persons of acknowledged wisdom are sure to be repeated, and often to the discredit of humbler though equally well-informed physicians. Dr. Mathews waited for his vindication, and it came in due time. I think Dr. Mathews undervalues the importance of the diagnostic methods which he employs when he speaks of "theories," as that which can be felt is discovered by one of the five senses, and here theory ends.

Dr. J. A. Ouchterlony: This is a subject in which I am very much interested. I think there is hardly any locality in which tumors may develop that furnishes material of greater interest. I have had occasion in a number of instances to study this very form of disease in this very locality, and I am willing to go with Dr. Mathews so far as to say that undoubtedly there may be a tumor in the sigmoid flexure without the medical man being able to detect it. Nevertheless, I am very sure that if the examination is made from time to time the occasion will arise when the tumor can be discovered, and the reason why it is often difficult to find it is in the fact first, that the sigmoid flexure is so very movable; and secondly, owing to the weight of the tumor it is likely to descend into the intra-pelvis, and then it is beyond our reach. I have found that over and over again. I have not seen as many cases of malignant growths of the sigmoid as my friend Dr. Mathews, still, I have seen enough of them to justify this statement. I have found that over and over again, and then the very next visit there would be be no discernible neoplasm at all; no inflammation; no sense of resistance; no dullness or percussion; no tenderness hardly, and so it is. Now at the same time, even when the tumor is of considerable size, it may not interfere or encroach very much upon the lumen of the gut, and another curious thing is that this may be the case when the patient has ill-formed evacuations, when the evacuations if they be solid will be decidely tape-like, as in the case which has just been reported. But there is a complexus of symptoms that is very significant indeed. First, the almost certain steady loss of flesh; secondly, the pain, the mucus and blood; thirdly, the malformation of the excreta, and then what I consider to be a very important symptom, the tendency to sub-normal temperature. I do not think I have ever seen a case of malignant disease of the bowel, and comparatively few cases of malignant disease of other abdominal viscera, where the average temperature was not below the normal figure, excepting those where there is an inflammatory complication of some sort. This is true even where part of the time there is an elevation of temperature. If you strike an average you will find that the greater portion of the time the temperature will be below normal than normal or above, even when part of the time there is a febrile temperature, and I have been led to place a great deal of importance upon that.

Dr. J. M. Mathews: I do not think any one would be justified in saying that there was not a tumor in the sigmoid flexure simply from the fact that it could be insufflated, as was done by the surgeon who examined the case referred to. As Dr. Ouchterlony has outlined, it is very true that a tumor may embrace the flexure or colon but the lumen of the vessel is not interfered with in the least. An examination of the pathological specimen before us will prove that this is the case. Therefore, an opinion based simply upon the fact, (which seems to be the strongest point made by the surgeon in his letter) that by rectal insufflation air can be forced beyond the ileo-caecal valve, to my mind signifies very little if anythiug, yet it seems to have been regarded of great moment in the examination of this case.

If you cannot make out a tumor in the sigmoid flexure by the ordinary means of palpation, etc., and if we are misled by such an examination as was made by this surgeon in Chicago, then I would ask is there any positive means of diagnosing a tumor in the sigmoid flexure? I claim that there is. The importance of making a diagnosis can be easily understood. It is contended by such men as Bull, Lange and H. Allingham that the sigmoid can be extirpated and removed successfully, as has been done by these three gentlemen for malignant growths. Yet, if we state positively there is no malignant growth, and rest upon that diagnosis, then the patient has no chance of his life by that operation.

Now, I contend that there is a way or method by which it can be invariably told. That method is the introduction of the hand into the rectum up to the sigmoid flexure and feel it. It does no harm to introduce the hand, it cannot possibly result in injury, and therefore, it being a positive method, I claim that under circumstances like this, looking to a proper diagnosis as well as prognosis in order to give the patient the chance of surgery, that the hand should be introduced, where there is a difference of opinion, or where it is necessary to make a positive diagnosis of a tumor in the sigmoid flexure.

Geography of Heart Disease.—According to Dr. E. M. Hale, in an interesting paper recently read by him on this subject, heart disease is more prevalent in New Jersey than in any other State in the Union. It kills more people there in proportion to the population than in any other State. Next to New Jersey comes New York in its rate of mortality from heart disease. In the States north of Mason and Dixon's line the mortality from heart disease far exceeds that in the South. Dr. Hale explains this fact by the difference in the weight of the atmosphere. In New Jersey the air is damp and heavy, and in the other States enumerated the same condition prevails. That this is a general law, the doctor said is proved by the fact that in West Virginia, in the cold and damp atmosphere of the mountains, heart disease is far more prevalent than in old Virginia, where the climate is more even.

THE FACULTY OF MEDICINE AT MUNICH.

Translated from *Semaine Medicale* by W. Thorton Parker, M. D., (Munich,) M. M. S. S.

Munich is, after Berlin, the chief university centre of Germany, if we consider as a university centre the union of various Faculties; but if we consider only the number of students pursuing the course of each special Faculty, Munich may be, from a medical point of view, placed in the highest rank as the most largely attended Faculty of Medicine in Germany, (there are 200 more students of medicine than at Berlin), and especially attended during the summer term by students whom the beautiful scenery of the Bavarian Alps and the lakes of this wonderful region attract. And even after the founding of a Faculty of Medicine at Marseilles, will the students spend the winter term there attracted by the stations along the Mediterranean? Besides, the reason for this change would be less satisfactorily explained in France, where nearly everything is centred in Paris, while in Germany, in addition to the pleasures which the various regions afford, the students in the different university centres of the Empire are drawn by the great renown of certain professors who remain here, in spite of the ardent efforts of the government to centre everything at Berlin, efforts often crowned with success and at which many of the men at Munich bitterly complain.

The Faculty of Medicine at Munich numbers about 1,200 students. Of these 1,200, 500 are Bavarians; the remainder come from all parts of Germany, especially from Saxony, Wurtemburg, and the countries of the Rhine. There are also a few foreigners, especially Swiss, some Greeks and Hungarians, a few Russians. Moreover, the majority of these foreigners, after a longer or shorter stay at Munich, have always other Faculties in view. Almost all go to Paris, after being at Berlin and other German cities. The French are pointed out here as merely transients. Almost all the gold medals of Central Europe during the last few years have been submitted to Munich. Many French come here too to spend a short time, Munich being one of the points of travel has become almost "classic" to-day.

Physicians visit among the various universities of Germany and Austria with certain courses in view, especially otology and laryngology; in Munich they seek "general medicine"—and specialties as well.

In one part of the town, far enough away from the center and quite far from the university (where the student goes only to enroll and to pay) are grouped around the general hospital (Allgemeines Krankenhaus) all the various buildings, to which every morning the students repair in cliniques, recitations, lectures, practical exercises, etc. It is a sort of small medical village, having the hospital as a centre and grouped about it: clinical surgery, the clinique of children, the school of anatomy, the school of hygiene, the school of pathological anatomy, the clinique of accouchement and of gynæcology, etc. In these different buildings, situated near each other, are cliniques, lectures, courses, arranged in such a way that they succeed each other without interruption from 7 o'clock in the morning to 5, 6, and even 7 o'clock in the evening, and so that a student, after engaging in clinical surgery, may attend a lecture on gynæcology, and so on in the whole morning and a large part of the day, according as he is enrolled or not in each of these courses (all of which are paid for and to which students can belong only by paying in advance the stated sum).

The general hospital is a communal institution, of which Professor von Ziemssen is the director. The title of director of a hospital is given to the oldest professor, and is not wholly a title conferring honor, for the director lives in the hospital and it is his duty to take charge of its administration. Professor von Ziemssen, who has the title of Geheimrat (privy counsellor), a title given here to men of high standing, is now, with Professor Bauer, in charge of the lectures and cliniques in internal pathology. He is a man about 60 years of age, of fine appearance, brilliant, active, of very pleasing and distinguished manners, and one of the foremost clinicians in Germany. Every morning he superintends the clinique of internal pathology, and the course in diagnostics twice a week (the clinique costs less than the course and is more largely attended). Professor Bauer, a common professor, a son-in-law of Professor von Ziemssen, also delivers the clinique of internal pathology, from 8 till 9 o'clock, while his colleague delivers it from 9 to 10 o'clock. With Professor von Ziemssen, he also has charge of the course in clinical practice, the course in diagnostics several times a week, and the theoretical course on various diseases. The clinique takes place every morning in the amphitheatre of the hospital, in the portion called the clinical school, a building especially intended for clinical instruction and separated from the hospital; the student enters by a special door and goes directly to the amphitheatre without passing through into the hospital. It is a small hall, always filled during the clinique, where the students await the professor's arrival in silence. The foreign physician, "invited" by the professor to be present at the clinique, may remark, in commendation of the medical students of Munich, how rare are the little, odd, many-colored caps here, and the scars which the other students who go about the streets of the city, display with so great ostentation.

The clinique lasts about three quarters of an hour. A patient is brought in on a stretcher. The first assistant (there are three assistants at each internal clinique) calls upon a student who descends from his seat and goes and examines the patient under the professor's direction. If a student, whose name is on the list of those who should be present, does not answer when his name is called, he loses his right to the certificate of industry given at the end of the term. The examination made by the student lasts from ten minutes to a quarter of an hour; he has a diagnosis which may be corrected or not by the professor; then he takes his lesson upon the patient presented. Perhaps this student will be called upon once or twice more in the course of the term and he will have no other opportunity to examine patients. This is a serious mistake in the organization of the course. The student thus called upon is harassed and disturbed by the presence of the professor, who may correct him before a large audience; he cannot examine his patient at leisure, moreover he will not see this patient again when he makes an examination; he will not be able to "follow" him, for he is systematically kept away from the rooms which only the professor with his assistants and co-assistants (four for each clinique), visit before the clinique (at 7 and 8 o'clock in the morning; the assistant makes a second visit at 5 o'clock). Only once a week, Saturday, a quarter of an hour before the close of the clinique, the professor conducts them, following in a mass, crowding each other, and unable to see or approach the patients whom the professor presents to them, saying a few words at each bed. Such is the only opportunity for the student to see the patient a little nearer. It is clearly a serious mistake in the organization of the medical course, a course which is, however, in Germany the object of great labor and constant efforts.

After the clinique, when there has been a death, professor and students pass to the school of pathological anatomy, situated near the hospital, and there are all present at the autopsy made by the professor of pathological anatomy. Professor Bollinger has the specimens passed around among the rows of students, seated on the raised benches in the amphitheatre.

The hospital holds from 700 to 800 patients, distributed in sixty rooms of about twelve beds each. These rooms are rather low and are lighted by a single window. The entrance door opens upon a corridor which communicates with the various rooms. The patients are placed in rude wooden beds. Wooden beds are found almost everywhere in the wards of Munich (an iron bed is an exception and a novelty). In the same building are several rooms reserved for the tuberculous patients, who are separated from the others. Up to this time there has been no isola-

ted pavilion, but a short time ago the construction of one was decided upon and has been begun. The patients are waited upon by Sisters of Charity. In the building dedicated to clinical instruction and which belongs to the university, while the hospital belongs to the city, are the various laboratories, bacteriology, chemistry, histology. A large room (ambulatorium) is used for consultations by the assistants, and next to this room are several wings with many appliances of electricity, belonging to the service of Professor von Ziemssen, who is greatly occupied with electro-therapeutics. He is also engrossed in the treatment of neurasthènics. Let us add that Professor von Ziemssen does not believe in hypnotism as a means of cure. For a few years past, in cases of serious aneurism, after a defeat of the usuual treatment, Professor von Ziemssen made a transfusion, in a very simple way, without complicated instruments. After taking the usual aseptic precautions, he pricks the middle of the subject's vein, which gives way to transfusion, with a needle like Pravaz' syringe, but of rather fine calibre. At the end of this needle he fastens a rubber tube, which he fits to a glass syringe containing from 20 to 25 grams of liquid. The apparatus arranged thus, he fills the syringe with blood, immediately fits this syringe to an instrument like the first and with which he has previously pricked the patient's vein. While he is injecting the blood, an assistant fills another syringe, which the operator takes and empties, while that which he has used is washed in a solution of chloride of sodium. He thus injects from 250 to 500 cubic centimetres of blood. He says that he has always been successful with this method.

From the laboratory of clinical medicine have gone out recently several works on leucocythemia and the changes of the blood in some infectious diseases.

Thanks to the law concerning vaccination and second vaccination, small-pox is very rare. There have been two cases this year among subjects from Austria and Italy, This rarity explains to a certain degree the absence of an isolated building. Typhoid fever is not so common as in former years. There is no systematic treatment with cold baths; when the temperature is high, a bath is given at 30° and lowered to 24°. For pneumonia: a tonic treatment (a portion of alcohol, eggs, sugar, and water) and finally some expectorants. In cases of acute articular rheumatism: salicylate of soda in doses of from 8 to 10 grams, but for a short time. For tuberculosis; creosote and alimentation, In diphtheria: painting with glycerine, turpentine, and phenique acid. Follicular and phlegmonous anginas; in the first stage we make intra-parenchymateuse injections of phenique acid (3 to 5 per cent. The temperature falls and the local condition improves. If the fever rises, a new injection. Thanks to this treatment the duration of angina seems a little abridged.

In the amphitheatre of the general hospital, takes place twice a week the clinique of dermatologie and syphiligraphie. It is a kind of polyclinique; the theoretical courses, also twice a week, take place in the morning, the polyclinique in the afternoon. Professor Posselt has two rooms in the general hospital for his patients. For the clinique patients are brought in on a stretcher as for the medical clinique. A student is called upon and examines the patient, but here the patients presented and examined, each by one student, are more numerous. In three quarters of an hour seven or eight patients are examined. The audience, smaller than that of the internal or external clinique, may comprise however from 80 to 100 students. Each follows the examination made by the student called upon, after which the patient goes around in the amphitheatre and is examined nearer by the students. In this defile of patients before a large audience, we are present many times at energetic resistances on the part of women whose modesty is alarmed by the necessity of examination. This gives rise to the scenes which astonish those who have visited the Parisian hospitals. So to manage these susceptible patients and calm their resistances, when a woman is to be examined upon the bed with the speculum she is prevented from seeing by covering her face with a tarlatan mask, and thus masked, she yields more readily to the exigencies of an examination. This detail is so much the more characteristic in that the patient is then wonderfully gentle when modesty is not in play, and allows herself to be examined for whole half-hours without the slightest protest.

Near the general hospital is a recently constructed building, inaugurated in 1891—that of the surgical clinique. The amphitheatre of this clinique is boasted of by everyone at Munich, and is, in fact, very beautiful. It has been built on Professor von Bergmann's model for an amphitheatre of a surgical clinique at Berlin, but is newer and finer. What strikes one first of all is the superb lighting of this hall, made tenfold lighter by the whiteness of the walls, which are partly of white marble. The light comes from all directions; from above through a ceiling entirely of glass, and from the sides through high windows, occupying nearly the whole height of the room and nearly continuous. All the windows have double panes. The glass ceiling subdues and the window blinds soften the light and shield against the sun with little to fear besides, for the clinique takes place each morning from 8 to 9 o'clock. The centre of the hall is a space of from 6 to 7 sq. metres where the professor and his assistants are. This space is paved with white marble, like that which covers the walls to a height of two metres. The rest of the wall, as well as the tribunes of the amphitheatre is painted white and can be easily washed; the absence of angles also renders dusting easy. In the centre of the marble border is a large slab of black marble used as a blackboard for demonstrations. There are several marble wash-stands, glass cupboards for bandages and instruments, several round tables with plates of glass, upon which to place the tray of instruments, glass bottles, and large, nickled boxes for compresses and wadding. These complete the surgical outfit. There is room for 250 students in this amphitheatre. The seats rise automatically and let down noiselessly, as they rest upon rubber pads. The floor, stair-case, and corridors are covered with linoleum, and the students thus reach their places noiselessly, smoking in silence while they await the professor's arrival; a silence which contrasts strangely with the noise of the comings and goings preceding our lectures of the Faculty of Paris. Moreover, here, as at the general hospital, the students enter the amphitheatre by a particular door, which allows them to pass to the lecture without going through the buildings occupied by patients. Here, again, the student is systematically kept away from the patient, and Professor Angerer in his speech at the inauguration of this new hall, congratulated himself greatly on this arrangement. The hall is heated by steam and the ventilation has been the object of special care. The air which circulates in the hall passes (in summer) over the glass before entering the hall, then in the centre of the glass ceiling is an orifice of escape. This hastens the draught and increases the ventilation.

Adjoining this working room are two large wings, communicating with it by large sliding doors. One is used for a waiting room for patients to be presented at the lesson. Here the assistants shave, wash, and prepare those upon whom they are to operate. The other room is a dressing room for the assistants and co-assistants, where they put on their long white blouses with short sleeves. In this room also is the apparatus for cleaning instruments; it is the apparatus of Dr. Schimmelbusch, an assistant to Professor von Bergmann, adopted almost exclusively in Germany. Instruments are placed here after being immersed in a phéniquée solution of 1%, boiled seven minutes. In this room too are the stores for bandages used, and tanks for antiseptic solutions. From these tanks proceed long rubber tubes, seven or eight metres long, which, crossing the wall which separates this room from the working-room, entwine about a rolling support which is placed near the surgeon, who thus has within his reach, quickly, easily, and in great abundance, the antiseptics that he desires. Finally, between these two waiting-rooms is a dark

room for ophthalmoscopical, laryngological and otological examinations.

There is another smaller working-room, into which the students do not go. In the centre of this room is a work-table which may be heated by steam. This iron table is supported by a foot, a hollow cylinder, serving as a pipe for the steam which circulates in the body of the table, in the form of an iron frame. During the operation, this table is covered with sheets thus heated by this kind of chafing dish; this room is paved with faience and the walls covered with it.

The clinque is delivered every morning by Professor Angerer, who has recently succeeded to this chair of clinical surgery Professor Nussbaum, the most popular man in Munich, loved by his students as well as the people, and whose death was the cause of public mourning. Professor Angerer, the youngest of the ordinary professors, about 45 years of age, has consecrated himself entirely to teaching and tries especially in his clinique, to be of assistance to the student. At each clinique, he presents one, two or three patients, as the case may be. The assistant calls upon three students, who descend from their places and quickly examine the patient before he is operated upon, and they can follow immediately the operation, being nearer than their companions. This keeps their rôle within bounds. After the examination of the patient, the professor performs the operation, explaining everything, and standing so that they may see as well as possible. The professor is aided by his three assistants and three co-assistants. There are few particulars to note. As antiseptic substances; sublimate, lysol and iodoform. The practice of asepsy and antisepsy, as in the fine surgical service of Paris, is neither more nor less than in France. A plug of wadding surrounded by aseptic gauze for sponging. For the pincement of vessels, Bergmann's large forceps, resembling our bolt-like dissection forceps.

After the clinique in the waiting-room and large hall, the assistants dress wounds and make usual operations. Lately, Professor Angerer has experimented in his practice upon a method of treatment for fracture of the leg, the method of Hessing, an orthopedist near Augsbourg; it is a modification of Taylor's method. After Hessing's method, a man receiving a fracture of the leg, can after application of the dressing, get up two or three days later and walk. We even advise him to walk, as consolidation is thus increased. This is summarily how we proceed: After reduction, the fractured limb is placed in a very light plaster frame, then an instrument is applied, made up of leather joints, bound with strips of steel, which can slip into slides and thus permits the length of the instrument to be increased or diminished and extended as far as desired, The upper part of the instrument, applied to the thigh, which it envelops and firmly supports, is sustained there. The whole thigh and leg are encased in the instrument, the lower part of which is adjusted to a shoe into which the foot exactly fits; by means of metallic screws and grooves it can be more or less diminished by making the desired changes. The results announced up to this time by Professor Angerer are inconclusive. Two patients, four or five weeks after their fractures, presented only an incomplete consolidation, and upon one of them he even observed a projection on the upper fragment protruding under the skin. Hessing attributes this defeat to the inexperience of those who used the instrument for the first time. Moreover, in a sort of private hospital, which he has had built near his building, Hessing has extended this method to the treatment of pain in the hip. The instrument makes immovable articulation, and at the same time extends it. A person with pain in the hip should walk without suffering.

Many surgeons at Munich follow his experiments with interest, but do not share his illusions when he foresees the moment on the field of battle that he can apply his instrument to a wounded man, who can walk again to the combat!

Professor Angerer delivers the surgical clinique, but the gynæcological clinique is reserved for Professor Amann, who has in the building of the clinique a little workroom, well furnished, yet not having the fine appearance of the large amphitheatre. In this room takes place three times a week the gynæcological clinique, and also three times a week Professor Amann delivers the clinique of accouchement, a course of obstetrical operations. Gynæcology is not here in the department of the professor of surgery. It is Professors Winckel and Amann who teach obstetrics and gynæcology. Professor Amann has two rooms of twelve beds each in the hospital, small rooms poorly ventilated.

Such is the surgical outfit which may be regarded as the type of the latest surgical installations in Germany, the clinique of Munich being one of the most recent and for which large amounts have been expended. Now, if we can praise these sacrifices, we must say, aside from the luxury that is not here of absolute utility, the work-rooms of Parisian hospitals recently founded are not inferior in anything to the work-rooms of the clinique at Munich. On the other hand, the outfit of the hospital, properly speaking, is here inferior to our Parisian hospitals. By the side of this fine work-room, you are amazed to find small wards, poorly lighted, poorly ventilated, with rough wooden beds. The striking contrast between the luxury of the part of the hospital reserved for teaching and the simplicity of the part devoted to patients is explained by the duality of government which exists in all hospitals. The university is mistress of the buildings used for instruction; it is she who causes them to be built and maintains them, while the town owns the buildings reserved for patients, and according as the university is generous, so are the municipalities sparing and oppose the wishes and demands of the physicians.

A NEW malady, says the *N. Y. Tribune*, has made its appearance in Europe, which is attributed by the leading medical authorities of the Old World to the wooden blocks with which the streets of London and of so many other great transatlantic cities are paved. The ailment takes the form of quinsy and blood-poisoning; in some cases attacking the throat, in others the eyes, and in some again the entire system. It seems that the wooden pavements, notwithstanding the continual cleansing to which they are subjected, gather a considerable quantity of manure and dirt in the interstices, and that the practice of constantly watering them has the effect of producing a solution particularly favorable to the development of germs. When dry it is converted into dust and is blown by the wind into the eyes, noses and mouths of the long-suffering public, reaching the tonsils and the respiratory organs and producing symptoms otherwise unaccountable.

It is a habit with many persons to sneer at sentiment; but it is a mistaken and degrading habit. Sentiment is one of the highest and sacredest elements of our nature and experience. It is the living tie between reason and sense. Sentiments are the moral echoes of ideas in feeling. Filial love is a sentiment. Patriotism is a sentiment. Every idea of the mind reflected in responsive sense generates an accordant sentiment which is the actual fulfilment and fruition of the two. To have ideas and sensations without sentiments is to have a fragmentary humanity or to be mortally dead.—*Boston Transcript.*

Sentiment is the crowning glory of the medical profession. No other calling more nobly defines true sentiment or more excellently exhibits an exalted charity. The true heroism shown by the medical profession upon sea and land, in war or in peace, is an honor comparatively few outside the profession know anything about. It is this exalted idea of sentiment which places on the sacrificial altar so many brave and true men every year. "He died that others might live," can be said of many a knightly physician, and yet strange to say with the admirable record of a noble profession known to the average medical man, we find men daily apparently dead to sentiment 'working' their professional (trade) for all it is worth. "Lives of great men all remind us" that it was in spite of temptation to be miserly, cruel and unjust, they have risen to noble heights.

HOW PHYSICIANS PRESCRIBE PEPSIN.

BY R. G. ECCLES, M.D., BROOKLYN, N. Y.

(Continued from October Number.)

The next two are by different gentlemen who have made the same mistake:

℞ Bis. Sub-Carb ..... ℥ss.
Hydrarg. Chlor. Mit..... gr. ii.
Vini Pepsini..... ℥ss.
Tr. Opii Camph..... ℥ss.
Tr. Aconitæ Rad..... gtt. x.
Mist. Cretæ ad..... ℥ii.
M. Sig. Small teaspoonful every three hours.

℞ Hydrarg. Cum. Creta..... gr. ii.
Pulv. Doveri..... gr. i.
Bis. Sub-Nit..... ℥i.
Pepsini..... ℥ss.
M. Ft. Chart. No. xii.

Again we see an attempt to correct the acidity of the stomach, and at the same time administer pepsin. The result is always disastrous to the last named substance. The chalk probably does not kill the pepsin's power as an alkali would, but it keeps away the acid, without which no pepsin is active. The mercury salts are likewise powerful inhibitors, and should never be administered with ferments. The error of the two following is a very common one among physicians, and the prescriptions having been written, the one by an American and the other by a Scandinavian, show how deep-seated a simple physiological misconception can become.

℞ Cerii Oxalatis..... .... ʒiss.
Pulv. Pepsini et Pancreatin.
Bis. Sub-Nitr.... ..... aa. ℥i.
M. Ft. Chart. No. xv. One after each meal.

℞ Lactopeptine..... ..... ʒii.
Pepsine (Armour's)..... gr. iv.
M. Ft. Chart. No. xii.
Sig. One powder in water every three hours.

Pepsin digests and thereby destroys pancreatin, and pancreatin digests and destroys pepsin. Pepsin requires an acid medium to digest in, while pancreatin develops its power in an akaline one. If the pepsin benefits the patient the pancreatin certainly cannot. If the pancreatin does the work the pepsin is wasted. If the gentleman who wrote the second of these two prescriptions intended to fortify the pepsin contained in the lactopeptine because he believed the patient needed pepsin, then why did he write for lactopeptine at all? It would have cost his patient less had he ordered just what he wanted. If, however, the pancreatin of the lactopeptine was needed then surely he went about getting any good from it in the wrong way. Instead of adding more pepsin he should have asked the manufacturers to leave out what it already contained.

The next two prescriptions represent the least objectionable forms when active drugs must be given with this ferment. The substances, while possessing some slight degree of inhibitory power, have much less than the general run of articles contained in a drug store. The physicians prescribing them are both Americans.

℞ Quin. Sulph..... ... gr. viii.
Bis. Sub-Nit..... ʒi.
Pulv. Pepsini..... ʒi.
M. Ft. Pulv. No. viii.
One every four hours.

℞ Pepsini Puri .... gr. xxx.
Bis. Sub-Nitratis..... gr. xx.
Pulv. Opii ..... gr. ss.
Misce bene et fiant chart. No. x.
Sig. One every three hours.

There is but one objection to urge against these. The quantity of pepsin is too small. It is not in any sense toxic unless laden with foul bacteria. No pepsin should be dispensed that is not aseptic. A pepsin that is highly insoluble in water and very dilute acid is very likely to be highly infected because of the way it is procured. A soluble pepsin that gives out a foul odor after twenty-four hours in a solution in a warm room should never be used. The dose of pepsin is indefinite. A whole drachm of the most active on the market can be swallowed without injury by an adult. If prompt action is wanted, doses of ten grains or more of a first-class article should be given. The right kind of cases respond promptly to such treatment. With patients complaining of sour stomach, pepsin should not be given until that symptom has disappeared, either spontaneously or by proper treatment. Where diphtheritic membranes are sought to be removed, the purest and most powerful brands can alone be relied upon for quick results. Where gangrenous wounds are to be cleaned off the same advice applies. A pepsin capable of digesting twenty-five thousand times its own weight of albumen in pharmacopœial time has lately been tested by the writer. Such an article, could it be made at a low rate, would be a powerful aid to surgeons and to physicians who have diphtheria to contend with. Hand in hand with antiseptics they could easily vanquish septic and diphtheritic germs by its aid.

RETROSPECTIVE DIETETICS.

BY ALFRED K. HILLS, M.D.,
Fellow of the Academy of Medicine, New York.

Beef Tallow for Dyspeptics.—Dr. Park Holland writes to the *Medical Record*, "I have found that in any gastric trouble accompanied by the eructation of gas—sour or otherwise—a liberal use of beef tallow to the exclusion of all pork fat (lard) is an excellent remedy. Beef tallow is rendered the same as lard—salt added, after skimming. This will keep it sweet and wholesome in the warmest weather. Use this in the kitchen in place of lard. A person who is inordinately fond of 'grease' can saturate his food with this, with no resulting 'belching.' I treat the alternate diarrhœa and constipation in the ordinary way peculiar to each case, and find I save the patient much time and distress." We know of persons, not dyspeptics, who use beef tallow to the exclusion of lard on general hygienic grounds and find it a very satisfactory substitute in every respect.

Those who require an effective laxative, will find in the syrup of figs of the California Company, an excellent preparation for the purpose. The active ingredient is senna, as simple a cathartic as can be found, and safe in the hands of the laity.

THE DESTRUCTION OF THE FORESTS OF THE UNITED STATES.—The United States sells (*September Century*) its forest lands at $2.50 an acre, lumber companies indirectly acquiring a square mile of land for little over $1,600, while the timber on it is often worth $20,000. The French government forests return an average profit of $2.50 an acre annually from timber sales, or two and a half per cent. interest on the value of the land. The United States now owns only enough forest land to provide a continual timber-supply to its present population, if forests are managed and lumber used as in Germany. The United States is exactly in the position of a man making large drafts on and using up an immense idle capital, which, if properly invested, would return an interest sufficient for his expenditures. In 1885 the government of Bavaria sent an expert forester to study the timbers of the United States, who stated: "In fifty years you will have to import your timber, and as you will probably have a preference for American kinds, we shall now begin to grow them, in order to be ready to send them to you at the proper time."

The New York Medical Times.

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MEDICAL DIAGNOSIS.

THERE is no truth more effective in our profession than the one formulated by Dr. Welsh in his recent address before the New Jersey Medical Society, and none which should be more strongly urged upon every young practitioner, "the better the diagnostician the simpler the prescription;" and we might add, the more efficient the work accomplished. When we realize the fact that a large number of diseases are self limited, and the simplest forms of treatment are quite sufficient to aid nature in righting herself, we begin to realize the insignificant role, and sometimes the mischief, which a large number of drugs in the hands of an unskilled diagnostician, play in the work of relief and cure. The recognition of this fact was one of the great elements of success in that advanced medical philosophy, which, within the past half century, has changed the medical practice of our profession throughout the world. As we turn over the pages of our materia medica and scan the vast array of drugs gathered from the earth, sea and air, from the animal, vegetable and mineral kingdoms, and study carefully their action, we are struck with the fact that only a very small number ever enter the repertory of our most successful physicians. So much attention is now given to the prevention of disease and to anticipating conditions as well as meeting them promptly when actually present, that the most efficient aids are found in rest, food, heat and cold, utilized upon the basis of a minute knowledge of the laws of hygiene, and a study of the vital forces, and a few carefully selected drugs for their special action upon conditions, organs and tissues. In all this minute study, drugs, however important, form only a small part of the general treatment.

With a thoughtful and correct diagnosis the battle is half over, for the diagnosis carries with it not only an idea of the peculiar disturbance of vital forces, and the pathological condition, but in the majority of cases, points out to the all-round physician, who has made himself familiar with cause and effect, and whose mind has been properly trained, not only the cause, but the line of treatment best calculated to aid nature in its restorative power. The successful lawyer, in arguing a case before the Court of Appeals, presents first a clear and concise statement of his case, and then goes at once to the vital point, the point upon which the strength of his argument turns, the actual facts which alone tell upon the mind of the well trained jurist in reaching his decision. In like manner the medical diagnostician, patiently, and with the utmost pains-taking, gets a history of the case, including as exact an idea as possible of constitution and temperament and forms his conclusion, in accordance with which he shapes his treatment. As the skilled lumberman, when logs are piled in confusion about him, and the stream is clogged, singles out one log, the key of the obstruction, and all the rest start down the stream, the skilled diagnostician gets at the central point of irritation, never forgetting, and dealing promptly with the complications which may have grown out of it. During the progress of malarial fever or any other cause producing nervous depression and failure of assimilation, the water may become suddenly alkaline and a nest of bacteria wakened into active life, making the water purulent, kindle up a bladder irritation which may extend to the uretes and kidneys and end in blood poisoning or brain paralysis. The bladder irrigated with boracic acid, and the reaction of the blood changed to acid by the internal administration of the remedy speedily clears away the obstruction; and thus, while the main point is ever clearly in the mind, each complication is promptly met at the threshold. The great element of success in the diagnostician is that critical faculty which only comes from careful mental training, and which should form an essential part of his preliminary education, which sees a fact just as it is, without prejudice or exaggeration; the developed

and cultivated instinct which knows the truth when presented, and detects error when it comes masquerading before him, without the necessity of any long examination to ascertain whether it is truth or error. And with this critical faculty in full play the physician finds himself looking more closely to all the essentials of hygiene, and limiting his range of drugs to only a few in number, whose specific action has been carefully studied and thoroughly understood.

THE psychological laboratory is fast taking a place as one of the most important elements in the education of the physician. So important that no well equipped medical college can afford to be without one. Only last year Harvard established a new chair of Experimental Psychology, selecting for it and to direct its laboratory, Prof. Hugo Munsenberg, a former pupil of Wundt, the greatest psychologist now living, who founded in Leipsic, in 1878, the first laboratory in the world for regular scientific experimentation. The work accomplished by another pupil of Wundt, G. Stanley Hall, President of Clark University, has done much to bring this department of science permanently before the scientific world.

An article in the October issue of *McClure's Magazine*, by Herbert Nichols, Ph. D., gives a graphic picture of the work being done in the laboratory of Harvard, in which he is an instructor, showing what has already been accomplished, and hinting at the possibilities of the future. The mental laws, as have already been ascertained, are as fixed and determinable as the laws of physics. Who then shall say in the light of what has already been determined in weighing stars in the balance and proving that the same elements enter into the composition of all worlds, that the nature of mind and the processes by which it accomplishes its work may not in time become equally proved? And what a light this investigation will throw upon the study of criminal jurisprudence. Between the fetal period and adult life, man passes through, in abridged series, all the degrees of evolution that have led up through the lower animal stages to his own. In early infancy, and even in childhood, it is not wholly man; not yet safely over the brute period of his lineal development. The early instinctive periods of man's progeny are more prolonged, more delicate, and more susceptible than those of lower animals, and yet are of the same nature. If left to evil environment in early years the latent brute within him will surely lay hold of its own, and ripen the yet innocent child to a creature bearing the same relation to the moral and civilized man that the wild wolf does to the household dog. The government that ignores the hordes of children which crowd to-day the criminal quarters of its great cities, and abandons them to ripen their pre-civilized propensities under such evil influences, becomes itself the foster father of its own crimes; nurses its own children to fill its poor houses, and raises its own youths to fill its prisons. Psychology, if on the mere ground of financial economy alone, will yet force criminal jurisprudence to begin its work before, rather than after, this early period of unalterable penalty. The benefits of a psychological training to the medical man are now so obvious as to make a knowledge of psychology imperative for every first class physician. The nervous activities are the regulating activities of every part of the body; and the brain embodies an ever-meddling three-fourths of the body's whole normal energy. The mind is a play house, wherein the skilful physician now looks to observe the condition of the general system, and with growing precision ever to read the working of such specific organs as the heart, the stomach, the bladder and the liver.

LOSOPHAN.

DR. J. V. SHOEMAKER says losophan is the name of a compound, the activity of which depends upon the iodine entering into its composition. Losophan contains eighty per cent. of iodine and presents itself in the form of white needles which melt at 250.7° F. It is insoluble in water, slightly soluble in alcohol, but dissolves readily in ether, chloroform, benzol, and at a temperature above 140° F., in fixed oils. Losophan is an irritant substance, and its action needs therefore to be closely watched. For this reason, moreover, it is not adapted to the treatment of acute diseases of the skin. In a number of chronic affections, however, its use has been followed by excellent results. In old cases of eczema, attended with considerable thickening of the integument and distressing itching, losophan has proved of service. It stimulates the absorbent vessels to remove the infiltrate, and at the same time it relieves the itching. The latter symptom is, in other diseases, also allayed by the application of the same remedy. It may be employed therefore, in cases of paræsthesia, prurigo, urticaria, etc.

Losophan is of value in the squamous form of eczema, where the skin is red, dry, infiltrated and scaly. Fissured eczema, a rebellious and painful form of the disease, is benefitted by the application of losophan. The congestion and thickening of the surface are gradually lessened and the cracks begin to heal. In the later period of sycosis, when the papules and pustules are numerous and may have coalesced into one mass, when the skin is swollen and thickened, losophan may be used with success. The subjective symptoms are ameliorated, inflammatory congestion subsides, and the infiltration is removed. The chronic forms of acne, especially the pustula and indurated, may be cured, in process of time, by the persevering use of losophan. The same remark is true of the second stage of rosacea. The irritant properties of losophan render it of avail in certain parasitic affections. It has, in some cases, proved curative in pediculosis and scabies, but has been more generally successful in the treatment of the various forms of tinea, trichophytina, or ringworm. Losophan has been used in the form of a lotion, or an ointment. Dr. Edmund Saalfeld, of Berlin, to whom we owe the first clinical investigations of this substance, found as the result of his experiment, that the most generally suitable lotion consists of a one per cent. solution of losophan in three parts of alcohol, with one part of water. As an ointment it may be employed in the strength of one to three per cent.

WE are glad to hear that Dr. J. A. Carmichael, the memory of whose brilliant lectures on anatomy and physiology is still fresh in the minds of many of his old pupils, will commence a course of private lectures to male and female students, with weekly quiz, on Nov. 7th, at the Fifth Avenue Hall, 27 West 42nd Street. Those wishing to refresh their minds with old truths and the result of recent investigation, and students preparing for examination will find this a rare opportunity. Dr. Carmichael's address is The Campbell, 55 West 42nd Street.

THE New York Academy of Medicine has prepared a bill for the establishment of a Bureau of Public Health, under the head of the Treasury department. This bill, which will be presented to the next Congress, provides for nine sanitary districts, each with a commissioner, and two commissioners at large; all appointed by the President. The Surgeon Generals of the navy and the army, the superintending surgeon of the Marine Hospital Service, and an officer selected by the Attorney General from the Judiciary to be *ex-officio* members of the commission. The Bureau, it would seem, would naturally belong to the Department of the Interior, with which its work would from an important part. This idea was first formulated by the TIMES, when the profession was urging a department in the Cabinet to be devoted to the Public Health. We then opposed the formation of a new Secretaryship, but urged the organization of a Bureau of Health, under the direction, and to form a part of, the Department of the Interior. In this connection the Bureau would be able to do efficient work, and be of inestimable advantage to the whole country.

THE class at Harvard Medical School is said to be twenty per cent. less than last year, probably due to the hard times. It is desirable that something should put a stop to the terrible stampede to the medical profession, already so overcrowded. The State examinations are also a cause of retarding the influx to the profession.

THE new building which is to be the home of the Maternity in connection with the Hahnemann Hospital, is rapidly materializing, and will be inclosed by the first of January, and complete for the reception of patients by early summer. The new pavilion will cost sixty thousand dollars, and though not as large or expensive as some hospital buildings, will yield to none in the beauty of its architecture or the completeness of its facilities for scientific work. The Western Dispensary has been reorganized as the out-door department of the hospital, and the Superintendent, Dr. Fralick, is gathering around him an able staff of energetic workers.

"A wise man of fifty and a physician."—We run across men almost daily who without any previous professional training have acquired useful knowledge containing physiological truths. The wisdom of medicine is like that of everything simple; pure *common sense*. Abraham Lincoln knew what would tend to longevity and every physician will recognize the wisdom of his proverbs:

"Do not worry.
"Eat three square meals a day.
"Say your prayers.
"Think of your wife.
"Be courteous to your creditors.
"Keep your digestion good.
"Steer clear of the billiousness.
"Exercise.
"Go slow and easy.
"Maybe there are other things that your especial case requires to make you happy, but, my friend, these, I reckon, will give you a good lift."

BIBLIOGRAPHICAL.

Sharp & Dohme, of Baltimore, have issued a price list which presents several new features, notably, formulas of all compound preparations. Special mention is made of the new method of assay by titration with volumetric acid solution. Our readers may get a copy by mentioning this journal.

SAUNDERS' QUESTION COMPENDS. 1. Essentials of Minor Surgery, Bandaging and Venereal Diseases. By Edward Martin, A. M., M. D. Second edition, revised and enlarged. 2. Essentials of Bacteriology. Second edition, with eighty-one illustrations and five plates. By M. V. Ball, M. D.

These valuable little books for students have shown their ability to meet a want, by the demand for a second edition. Nearly all branches of medical science are now covered by these useful aids to study.

THERAPEUTICS OF CHOLERA. (Cholera Asiatica) By P. C. Majurndar, M. D., graduate of Medical College, Calcutta, India, etc. Philadelphia: Boericke & Tafel, 1893; pp. 102; 16mo.

This little book is devoted to the consideration of the therapeutics of cholera from the standpoint of Hahnemann. The author seems to have had considerable practical experience with the disease, and confirms many important indications for the use of remedial measures. It is an important addition to the literature of this branch of practice.

ASIATIC CHOLERA. Its genesis, etiological factors, clinical history, pathology, and treatment. By John A. Benson, Professor of Physiology and Associate Chief of the Department of Clinical Medicine, College of Physicians and Surgeons of Chicago, Ills.; Member American Anthropometric Society of America; American Medico Psychological Society; of the Chicago Pathological Society. Chicago: The J. Harrison White Co. 1893; pp. 248; 16mo.

An excellent compilation of the literature of the subject of Asiatic cholera, published upon invitation of the class before whom it was originally delivered in the form of lectures.

MINOR SURGERY AND BANDAGING. By Henry R. Wharton, M.D., Demonstrator of Surgery in the University of Pennsylvania. In one 12mo. volume of 529 pages, with 416 engravings, many being photographic. Cloth, $3.00. Philadelphia: Lea Bros. & Co., 1893.

The author has presented in a concise but very intelligent manner, a description of the various bandages, surgical dressings, and minor surgical operations of our best hospitals and surgeons, all of which are fully illustrated. The work also contains short articles on Tracheotomy, Intubation of the Larynx, Ligature of Arteries, and Amputation. All the most important points are fully illustrated.

SYSTEM OF DISEASES OF THE EAR, NOSE AND THROAT. In two volumes, edited by Charles H. Burnett, A. M., M.D. Vol I., illustrated. J. B. Lippincott & Co.

The close anatomical relation existing between the ear, the nose and the throat, render it necessary that these organs be treated by the same hand, whether it be that of the general practitioner or the specialist. The diseases of these organs, in a series of elaborate papers by well known authorities, are grouped together in such a manner as to be of special instruction and use to the general practitioner. The first volume is devoted to the ear, nose and throat, and the second will be occupied with a consideration of the diseases of the pharynx and larnyx. A more extended notice will be given with Vol. II.

HERNIA. Its palliative and radical treatment in adults, children and infants. By Thomas H. Manley, A. M., M. D., visiting surgeon to Harlem Hospital; consulting surgeon to Fordham Hospital; member of New York Academy of Medicine, American Medical Association, New York State and County Medical Associations, International Medical Congress, Pathological Society, National Association of Railway Surgeons, etc., etc. Philadelphia: The Medical Press Co., Limited, 1893; pp. 231; 8vo.

This *brochure* covers an excellent study of the bibliography of this important subject, in the light of a large clinical experience. The aim of the author has been to individualize each therapeutic measure, in order to define the limitation in each case, thereby greatly aiding in the treatment. The work is exhaustive of the subject, clear, concise and readable.

A TEXT BOOK OF OPHTHALMOLOGY. By William F. Norris, A. M., M. D., Professor of Ophthalmology in the University of Pennsylvania, and one of the surgeons to the Wills Eye Hospital, Philadelphia, and Charles A. Oliver, A. M., M. D., one of the surgeons of the Wills Eye Hospital, Philadelphia, and one of the Ophthalmic surgeons to the Presbyterian Hospital, Philadelphia. Illustrated with five colored plates and three hundred and fifty-seven woodcuts. Philadelphia: Lea Brothers & Co., 1893; pp. 641; 8vo.

The aim of the authors in preparing this book has been to present the material in such a manner as to make it eminently practical to students in this specialty as well as to practitioners in general.

The text is the result of careful and extensive clinical experience, concisely stated in understandable and readable English. It adds another to our list of most excellent text-books in this specialty.

THE THEORY AND PRACTICE OF MEDICINE, PREPARED FOR STUDENTS AND PRACTITIONERS. By James T. Whittaker, M.D., LL.D., Professor of the Theory and Practice of Medicine in the Medical College of Ohio; Lecturer on Clinical Medicine at the Good Samaritan Hospital; Fellow of the College of Physicians of Philadelphia; Member of the Association of American Physicians, of the American Academy of Medicine, and of the American Medical Association. With a Chromo-Lithographic Plate and three hundred engravings. Octavo, 840 pages; more than three hundred Engravings and one Chromo-Lithographic Plate. Extra muslin, price, $5.75; leather, price, $6.50. New York: William Wood & Company.

The author adopts as his motto three quotations, and throughout his work sticks closely to his text. 1st, "As for the truth it endureth and is always strong; it liveth and conquereth for evermore." Esdras 1st, 11.38. 2d, "Pilate saith unto him, What is truth?" 3d, "Appre del vero il dubbio."—DANTE.

Accepting as true, certain well proved facts, attention is directed to clinical phenomena and treatment in that clear, practical and unprejudiced manner which will delight and instruct the reader.

The Era Key to the U. S. P. has been issued by D. O. Haynes & Co., of Detroit. The object of this work, as explained by the publishers, is to assist physicians and pharmacists to familiarize themselves with the contents of the new United States Pharmacopœia, also to further the introduction and employment of official drugs and preparations.

This book gives in a very condensed form all the vital information regarding the drugs and preparations of the new Pharmacopœia as follows:—

1. A complete *list* of all drugs and preparations in the new U. S. P.

2. The common *names* and *synonyms* of each drug and preparation.

3. The *parts* employed.
4. The *doses* in both Apothecaries and Metric Systems.
5. The *preparations* in which the drug is employed.

Particular attention has been paid to the typographical arrangement of the matter. The official names are arranged alphabetically in black faced type, and no less than six styles of type are used in its composition, so as to bring out in marked contrast the important features. The book is in vest pocket size, and certainly of great assistance to physicians in writing prescriptions, and to pharmacists in dispensing the same.

The Era Key was compiled by *The Pharmaceutical Era*, published by D. O. Haynes & Co., Detroit, Mich., and the price is only 25 cents per copy, postpaid.

A DICTIONARY OF MEDICAL SCIENCE, containing a full explanation of the various subjects and terms of Anatomy, Physiology, Medical Chemistry, Pharmacy, Pharmacology, Therapeutics, Medicine, Hygiene, Dietetics, Pathology, Bacteriology, Surgery, Ophthalmology, Otology, Laryngology, Dermatology, Gynæcology, Obstetrics, Pediatrics, Medical Jurisprudence, Dentistry, etc. By Robley Dunglison, M. D., LL. D., late Professor of Institutes of Medicine and Medical Jurisprudence in the Jefferson Medical College of Philadelphia, etc. Twenty-first edition, thoroughly revised and greatly enlarged, with the pronunciation and derivation of the terms. By Richard J. Dunglison, A. M., M. D. Philadelphia: Lea Brothers & Co., 1893; pp. 1181; 12mo.

This old and well-known work, with its complete revision and enlargement by *forty-four thousand* subjects and terms, is practically a new book, which will meet the wants of the present, as well as the former editions met so well the demands of those who had occasion to use it.

The matter of pronunciation, now introduced for the first time, with its phonetic spelling is a great convenience, and will be appreciated, as the work now becomes what it was not before, a "pronouncing dictionary." The important subject of derivation has been greatly expanded by means of English letters instead of Greek, the convenience of which is obvious. The definitions, always full and clear, have been revised and elaborated and much practical information added. The text is fully down to date, so that we may say the book is abreast the times, and we have no doubt its host of old friends will show their appreciation by possessing this new edition. "Dunglison's Dictionary" will now continue to be as familiar a term with students of medicine, as it was twenty years ago, when it had no rival.

LES MALADIES DES YEUX DANS LEURS RAPPORTS AVEC LA PATHOLOGIE GENERALE, par le Dr. Emile Berger. 457 pp., with 43 figs. in the text. Paris, G. Masson, publisher, 1892.

Two works have recently appeared upon this very interesting subject, the relation of diseases of the eyes to general pathology, this and one in the German language. Ancient writers admitted a connection between ocular affections and dyscrasias, but their opinions were but arbitrary and not based upon scientific proof. To-day, thanks to the numerous means with which science is enriched, as the ophthalmoscope, the perimeter, and other means, these relations have been carefully studied during the last forty years. At present, the opthalmoscope not only is an *aid* to diagnosis, but by it we are frequently able to determine the existence of a disease that was not revealed by any other symptom, as for example, interstitial nephritis, which is sometimes recognized solely by a retinitis. In nervous diseases examination of the eye has long been a valuable adjunct to diagnosis, prognosis, etc. In recent years a frequent relation between diseases of the eyes and the neighboring sinusus has been discovered. In the numerous treatises on ophthalmology, attention has been paid to these relations, but the affections of the eyes are there divided into diseases of the cornea, sclerotic, etc., and this very same division renders it difficult for the practitioner to obtain an intelligent idea of these correlations in the various organs. In many cases the ocular troubles are not observed, as they only form a link in the symptom-picture of the general disease. The closer the relation between general pathology and ocular affections is understood, the better will the etiology of the latter be known. Hence the writer has put forth this work, which no doubt will be of marked value to both the general practitioner and the ophthalmologist, for, in order to get at any such knowledge it is necessary to consult a host of ophthalmological works. A bibliographic list with each chapter indicates the more recent productions upon the chapter under consideration.

CORRESPONDENCE.

THE "TIMES" AND THE "CENTURY."

To the Editors of the NEW YORK MEDICAL TIMES:

My attention has been directed to the following passage from an editorial in the *Medical Century* for September: "The *New York Times* * * * is so full of prejudice against everything Homœopathic, and has so completely surrendered itself to the old school, that its judgment is biased and it cannot see the truth if it would." This "railing accusation" occurs in the course of an argument (if it can be dignified by that name) concerning "New York's Official Figures," *i. e.*, "the rates of rejection of the Homœopathic and the Allopathic examining boards," which winds up thusly: "One of two things is true. Our colleges are not as thorough and efficient in their training as are the colleges of the old school, or the examining-board plan of control works to the disadvantage of Homœopathy. *We cannot believe the former, hence we must believe the latter to be the truth.*" (Italics mine.) "Surely with the higher requirements of our teaching institutions, under the stimulus of the paternalism of the American Institute of Homœopathy, should count for something (sic.) and we are credulous enough to believe it does weigh in the imparting of a medical education." Then, to show the strength of his conviction, the writer adds: "*If* the colleges are at fault, they should be disciplined." And he finally concludes that, no matter where the blame really lies in this business—"delenda est carthago"—the examining boards must go! It is by such weak, incoherent reasoning as this, coupled with such an avowal of blind and shameless partisanship, that the *Century* strives to fasten its charges of prejudice and bias against a contemporary whose independent position is a perpetual reproach to its own sycophancy. In asserting that the *Times* has completely surrendered itself to the old school, it is merely endeavoring to revive a malodorous slander, whose originators were defeated and silenced long ago. It is well known that the virulent and malicious attack made upon the *Times* and its editors, and which so signally failed in its purpose, emanated from a clique who were not ashamed to resort to misrepresentation of the vilest character for the accomplishment of their aim. This syndicate of defamation formulated statements utterly destitute of truth, which were scattered with a liberal hand among the Western press. One prominent journal refused to publish them, although offered payment at advertising rates. If the editor of the *Century* chooses to repeat the stale falsehood uttered by T. F. Allen, when he sought to have the *Times* stricken from the Institute's list of periodicals, on the pretended ground of its enmity to Homœopathy—of course he can carry out his own ideas of journalism.

E. D. N.

THE MEDICAL TIMES:

The National Society of Electro-Therapeutics held its first annual meeting in New York on September 28 and 29. The proceedings were opened with prayer by th

Rev. Mr. Campbell, of the Lexington Avenue Baptist Church, after which the President, William Harvey King, M.D., of New York, read his address—an able paper. Papers were read by eminent physicians and specialists throughout the country and the attendance was large. The meeting was harmonious throughout. The officers elected for the ensuing year are: President, William Harvey King, M. D., of New York, (re-elected); Vice-Presidents, William L. Jackson, M. D., of Boston, and Frank E. Caldwell, M. D., of Brooklyn, N. Y.; Treasurer, F. A. Gardner, M. D., of Washington, D. C.; Secretary, William H. Bleecker, M. D., of Brooklyn, N. Y.; members of the Executive Committee, Walter H. White, M.D., and A. J. Baker Flint, M.D., of Boston. The Society adjourned to meet next September in New York City.

WM. H. BLEECKER, M. D., *Secretary.*

SOCIETY REPORTS.

THE LOUISVILLE MEDICO-CHIRURGICAL SOCIETY, STATED MEETING JULY 21, 1893.

(*Stenographically reported by C. C. Mapes.*)

THE PRESIDENT, DR. T. L. MCDERMOTT, IN THE CHAIR.

Myoma of uterus,—operation—recovery.—Dr. A. Schachner, (visiting): Specimen No. 1.—Myoma of the uterus removed from a patient thirty-five years of age. She has had this growth, her physician, Dr. Eckels, tells me for about three years. The adhesions were confined to the posterior portion of the tumor. The growth was removed and the pedicle treated extra-peritoneally. The patient made a very nice recovery. I am under obligations to Dr. Cecil for assisting me in this operation. For the first few days the bowels were a little troublesome and obstinate, but this feature was finally overcome by high enemas of fresh ox gall. The stomach was in such a condition that it would not retain any of the salines. Several purgatives were administered hypodermatically, which did not seem to have any effect. High injections of ox gall with some sulphate of magnesia finally relieved the bowels, and from that time on she had no further trouble. The uterus weighs two pounds.

Multiple cyst of ovary—operation—recovery—No. 2—This tumor I diagnosed as one of the uterus, but proved to be a tumor of the ovary, and I judge it to be a multiple cyst. The reason I took it to be a myoma or fibroma of the uterus was that the clinical history pointed to this conclusion. The patient had uterine hemorrhages, and the position and manner in which it fixed the uterus all led me to believe that it was a myoma or fibroma of the uterus, and I gave this as my opinion, and was supported in this by others who had also seen the case. The tumor while in position was very firm, and so firm that the attending physician had questioned the propriety of removal, thinking that there were too many adhesions which would contra-indicate this procedure. I suggested, however, that as the patient was a middle aged woman, that an exploratory incision should be made at least to see what the real condition was, and if it proved as extensive as it seemed to be before the incision, the operation might then be abandoned without any practical risks to the patient. A median incision was made and I passed my hand into the abdominal cavity and down underneath the tumor to try and determine whether there were many intestinal adhesions; this created such a hemorrhage that I concluded we had better push the operation to a close.

I enlarged the incision, which ran almost to the ensiform cartilage, and fortunately found no adhesions posteriorly; there was a band which anchored it to the abdominal wall, 1½ inches in width and ½ to ¾ of an inch in thickness; also quite extensive omental adhesions in which the omental vessels were as large as my little finger. The adhesions were very readily separated and the tumor taken away. From the time the incision was made until I commenced suturing occupied thirty minutes, and from the beginning of the suturing until the operation was completed occupied eighteen minutes, making forty-eight minutes altogether in removal of the tumor. The woman has had absolutely no unfavorable symptom. It is the only laparotomy of this character I have ever seen where the patient never vomited even once; she had some little nausea about the third day. I gave her a whole bottle of citrate of magnesia at one dose; this was very effective and produced such colicky pains that morphine ¼ grain had to be administered. Sutures were removed on the fifth day and the wound had united throughout to the pedicle by first intention. The pedicle of this tumor was also treated extra-peritoneally. It was drawn out, the peritoneum was stitched around it with silk, the pedicle was ligated with silk and hysterectomy pins placed in the stump for support. It is now almost two weeks since the operation and I think I can safely say that recovery is assured. I saw her last night, and the case seems to be running a perfectly normal course, and the pedicle which is entirely without the peritoneal cavity is commencing to give way nicely, so I can safely call it a recovery. The tumor weighs fourteen pounds. Several physicians saw the case before the operation, and estimated that the tumor would weigh about twenty-five pounds. I estimated it at twenty pounds, and the result shows how deceptive these growths are. We often read of one-hundred pound tumors, but I think in many instances this is an exaggeration. I mean to say that one-hundred pound tumors of the abdominal cavity are an extreme rarity, I believe they are very much oftener reported than they really exist.

I have a case now which is being prepared for operation, in which I do not think the tumor will reach seventy-five pounds, and if it reaches sixty-five pounds I will be a little surprised. I first made a diagnosis in this case of unilocular cyst, but I will say that several gentlemen had seen the patient before me and they all made the same diognosis—I say this with no discredit to them, as the woman would not submit to a thorough examination, the examination being made through a thin wrapper and only by palpitation, and she refused operation until her condition reached such a desperate stage, that she finally consented on the bare chance she still had of recovery. I had her removed to the infirmary, taking about two and one-half hours to get her there, and made a small incision, when a large mass was visible, something like the tumor presented in the last case. I inserted a trocar into the tumor, but found nothing; I incised the tumor about an inch and a half deep and examined it with my index finger, but still got nothing. Her condition was such that I did not care to push the operation further, and sent her home. She had at the time of the operation a pulse of 130 to 140, and went on the table with this. Six months afterward I saw her with pulse of 80 and told her I would like to make another examination, as I could not make myself believe that there was not a cyst. I told her I would like to introduce the aspirator needle. I introduced the needle and drew off three gallons of fluid; returning in about ten days I drew off two gallons minus 1½ pints; making a total of five gallons minus 1½ pints of fluid, which still left her with a tremendously enlarged abdomen. The measurement of this young woman was fifty-two inches around the largest diameter of the abdomen, the tumor reaching to the ensiform cartilage. Dr. Howard Kelly, who also saw the case, said that while he had seen some larger, he thought it it about as large as the abdomen could get. This tumor I could easily estimate at one hundred pounds, and not create much excitement; still I do not think it will reach one hundred pounds, nor seventy-five. I have carefully weighed all of the fluid withdrawn and will be able to determine accurately in the end how much the tumor weighs.

DISCUSSION.

Dr. W. L. Rodman: Dr. Schachner is to be congratulated on the good results obtained in these two cases. I

think as he does that the large tumor he showed will prove to be more largely solid than cystic. It seems to be fibro-cystic growth.

CASE OF PRECOCIOUS DEVELOPMENT.

Dr. J. L. Howard: This gentlemen, is a little girl eleven years of age, who has a good family history; her hygiene surroundings, however, are not very good. About a year ago she suffered a great deal of pain and tenderness over the mammary region. About the first of June she had distinct hystero-epileptic attacks, very marked, motor convulsions, general opisthotonos, etc. I did not see her until she had had three or four of these attacks. Soon after the first attack she had a hemorrhage from the bowels; without having any fecal evacuation she would have several small stools, probably ½ drachm of blood each time, mixed with a good deal of mucus. At first I thought it was a case of membraneous enteretis. Whenever she would have one of these attacks it would be preceded by a hystero-epileptic attack, and at the same time she would have this marked tenderness over the mammary region, very painful to the touch. About this time I also noticed a swelling over the mammary region. You will notice she is very poorly developed for her age, and I thought the case would be one of some interest. Dr. Bullock has seen the case with me. It looks like a case of precocious development; she is still having the peculiar attacks; passed some blood to-day. This hemorrhage from the bowels recurs about every two or three weeks without any regularity, lasting probably from twenty-four to thirty-six hours. There is now some swelling of the mammæ, but sometimes it is more marked. She has had scarlet fever, measles, whooping cough and all the diseases peculiar to childhood. I was not able to determine what the attacks were until finally I saw her in one.

The question in my mind has been whether this condition of the mammary glands had anything to do with the hemorrhages from the bowels. They will run their course of twenty-four to thirty-six hours in spite of anything I have been able to do. No microscopical examination has been made of the stools, but the material has the appearance of stools in membraneous enteritis. The patient is very anæmic, as you see.

DISCUSSION.

Dr. T. S. Bullock: The mammary glands are not nearly so much enlarged or engorged as when I saw the patient about two weeks ago. I have taken considerable interest in the case from the fact of the periodical loss of blood from the bowels, and have been somewhat puzzled to determine the nature of this hemorrhage. The only conclusion that I could arrive at was that it is one of those extremely rare cases of precocious development.

Dr. D. T. Smith: I would like to ask Dr. Howard his reasons for pronouncing the convulsions hystero-epileptic. Hystero-epilepsy is, quite a violent affection, and outside of France is rather rare.

Dr. J. L. Howard: I simply pronounced them hystero-epileptic for the reason that they were so violent, much more so than hysterical attacks. When these attacks come on she will fall down just like we know people do in epilepsy, but she does not froth at the mouth. The attacks simulate epilepsy to such a marked extent that we could not tell the difference until we tried to rouse her. At one time I started to give her chloroform, and she immediately came to herself. After that I only had to talk to her of administering chloroform, and she would return to her senses.

ABSTRACT OF ESSAY READ BY DR. T. S. BULLOCK, MEDICO-CHIRURGICAL SOCIETY, JULY, 1893.

Urethtral growths—with a case.—The urethra of the female is more prone than that of the male, to be affected with new growths. They are divided according to their structure. The most frequent are what are denominated carunculæ, and polypi. The carunculæ almost without exception grow from the mucous membrane of the urethra, and are invariably excessively sensitive. The patient complains of intense pain on micturition, sexual intercourse, in walking and upon the slightest contact with the clothing. Pain is increased by the warmth of the bed, and the patient becomes extremely nervous and hysterical. Rarely, however, does serious mental trouble ensue, though one or two cases of suicide are recorded. Polypi in this situation vary in size from that of a pea to a hazle nut. They are usually pedunculated and bleed readily, and are very sensitive. Their most frequent seat is the external orifice on the posterior wall a short distance from the entrance.

Garcinomatous neoplasms are extremely rare and are usually the result of extension from the vulva or vagina. Venous angeiomata affect the urethro-vaginal tubercle, or the anterior half of the urethro-vaginal septum. Not infrequently it attains a large size and projects between the labia. It is not at all sensitive.

Sarcoma.—Only one case reported.

Prolapse of the urethral mucous membrane, or eversio-urethræ is not common. In addition to the prolapse of the mucous membrane, there is a proliferalion of the connective tissue. It is met with both in the young before the age of puberty, and also in old multiparæ. In the latter it is thought by Dr. Emmet to be due to pressure during labor, by which the tissues are forced into the urethra from behind, causing dilatation of the canal, either partial or extending to the outlet. At the same time there is a laceration of the sub-mucous tissues. The tissues at the neck of the bladder are free, and by pressure of the child's head are crowded into the urethra in the same manner as the rectal tissues are rolled out of the anus. This condition may exist for a long time without symptoms, but as a rule, after a time it develops extreme sensitiveness and soon creates difficult and painful micturition, puritis vulvæ and leucorrhœa.

Fibromata also occur. They are painless, have a smooth surface and are elastic. A word as to the diagnosis of urethral neoplasms: Carunculæ can only be confounded with two conditions; one is prolapse of the urethra, and the other syphilitic warty growths. From the first it is distinguished by careful examination, which will reveal the fact that it completely encircles the meatus. From the second by the presence of other evidences of syphilis around the vulva and on other portions of the body.

Urethral venous angeioma is recognized by its color and lack of sensitiveness. Fibromata by their smooth surface, elasticity, painlessness, and the fact that they do not readily bleed on manipulation.

Many of these growths may exist without causing trouble. This is the case with small condylomata, fibromata and mucoid polypi. If they attain any size, the first symptom is a disturbance in the excretion of the urine. Later, pain on micturition, pruritus, frequent desire to void the urine and dysuria. As the growths enlarge the urethra is dilated, the mucous membrane becomes hyperæsthetic and hyperæmic, and a catarrhal inflammation is set up. Following this are erosions and fissures.

Treatment.—If the growth causes no trouble, non-interference is the rule; but if it causes pain or disturbance of function it should be removed. This is best accomplished by excision, followed by thorough cauterization with nitric acid, or better still the actual cautery.

The case which I present, is, I think, an interesting one. It is a fibroma. The following is the history elicited:

A. T., aged thirty-two years; came to the University Clinic complaining of "female trouble;" menstruation regular, slightly painful, three to five days in duration, amount of blood lost, normal. Has had four children, the last one fourteen years ago; has had two miscarriages, the last two months ago. All of her labors natural: general health good.

Examination reveals a tumor protruding from vulva; it is two inches in length and is attached to the posterior half of the meatus urinarius. It is lobulated, smooth, dry, elastic and painless. The urethra is very sensitive and an attempt at catheterization occasions great pain. She

states that she has no pain on micturition, sexual intercourse, or any other symptom traceable to the growth. She says she first noticed tumor two years ago, at which time it was as large as at present. If the statement is true, she certainly gives herself little concern about her genito-urinary organs. Except that it is unsightly and may eventually cause trouble by its increase in size, no interference is necessary.

DISCUSSION.

Dr. J. G. Cecil: This is such a rare growth, so entirely unlike anything I have ever seen, that I really have no opinion about it. I believe, however, that it ought to be removed with the knife, and I think it will require a microscopical examination to determine the exact nature of it. The question has arisen as to whether this is a tumor of the urethra or not. The base of the tumor occupies or about covers the space between the meatus and the anterior vaginal wall, yet it seems to occupy or involve certainly the lower half of the urethral circle. I should judge that its character was certainly very different from that of common growths which we see in this region, and would be disposed to think that it would probably show up under the microscope as a fibrous growth.

Dr. W. L. Rodman: I think that this growth can be called a tumor of the urethra, because it is encroaching upon the lower floor of the canal, but I do not think it had its origin in the urethra; I think it began below. I believe it will prove to be a fibrous growth. The growths that are most liable to occur in the female urethra are the ordinary caruncule. The growths that occur most frequently in the male urethra are the ordinary papillomatous growths in the penile portion, and the true fibroid polyp, which occurs almost invariably from the prostatic urethra. This I think is a fibrous growth, but fibromas are very uncommon in the female urethra. They are also uncommon in the penile portion of the male urethra, being almost invariably limited to the prostatic portion. For this reason and from the appearance of the growth, I think that it began below the urethra, and has simply encroached upon it secondarily. It is an hypertrophied caruncle.

Of course the question of treatment is excision, as Dr. Bullock says, and the application of some cautery afterward. The best treatment for the ordinary caruncule, I believe, to be scraping off with scissors and then the application of chloride of zinc, which I prefer to all other things and believe it is the best application that can be made. It is very fortunate that all tumors of either the male or female urethra are nine times out of ten located in the extreme anterior portion, as otherwise it would be very difficult to treat them surgically. The only exception being the fibroid-polyp, which I say is almost always limited to the prostatic portion. Necessarily these tumors usually give rise to a great many distressing symptoms, pain, etc. But it is a fact that you may have tumors even deeper situated in the canal with almost no symptoms at all. I have seen a number of growths of the female urethra, but few in the male.

Dr. E. R. Palmer: The removal of the growth in the case shown by Dr. Bullock could certainly be very easily accomplished. I would suggest that it be done by cocainizing the parts, cutting it off, and the application of electro-cautery. I do not think the growth involves the urethra at all.

I do not agree with Dr. Rodman in regard to growths of the urethra. In the daily use of the urethrascope it is not infrequently that I find tumors of the male urethra situated back of the cut off muscle.

Dr. Turner Anderson: I examined the growth under discussion at Dr. Bullock's office yesterday, and cannot agree with the gentlemen who have spoken, that it is not a urethral growth. When we consider that there is no space practically between the meatus urinarius and the anterior margin of the vagina, that the urethra lies in the anterior wall of the vagina, that the meatus urinarius is simply surrounded by a condensed areola tissue, we must conclude that this is either a growth of the urethra, or a growth of the anterior wall of the vagina. I made a careful examination of it to determine whether it was a growth of the urethra or of the vagina, and so far as I am able to form an opinion, it springs from the posterior semi-circumference of the urethra. Dr. Bullock has very accurately described the case, and I am convinced that it is fibrous in character.

As regards removal, there would be no difficulty in doing so, and it is not necessary to discuss that part of the question. There would be very little hemorrhage, as it is wholly disconnected with the vestibule. Operations in this situation are not attended by much hemorrhage unless we open the net work of vessels which are recognized as the bulbs of vestibule. I think if the gentlemen who believe that the growth is not connected with the urethra will make a more careful examination of the case, they would be convinced this growth springs from the posterior portion of the semi-circumference of the urethra, and is fibrous in character.

Dr. W. O. Roberts: I agree with what Dr. Anderson has said in connection with the origin of the growth, and also as to the treatment. It seems to me that removal with the knife would be very much better than with galvano-cautery. I think there would be practically no hemorrhage, and the result would be better with the knife than with cautery. Experience goes to prove in amputation of the penis, for instance, where there is liable to be very much more hemorrhage than in the removal of this growth, results are far better when amputation is done with the knife than when done with galvano-cautery, and the danger from sepsis seems to be less with the knife.

Dr. T. S. Bullock: As stated in my paper, my reasons for believing this to be fibroma were that most other growths in this situation bleed very readily on handling and are very painful. Fibromata are the only growths occurring in this situation that are absolutely painless, smooth, elastic, nonfriable, do not bleed, and occasion absolutely no inconvenience unless they attain a considerable size and drag on the urethra, thus creating trouble by their weight.

In regard to treatment, if I can get the patient to consent, we intend to operate upon her at the University Clinic before the class, but I think we will have some difficulty in getting her to consent to the procedure.

As regards the growth being hypertrophied caruncule, it seems to me if this had been the case she would have noticed it long prior to two years ago.

Suprapubic cystotomy, with removal of three stones, one encysted, from the bladder—recovery.—Dr. W. O. Roberts: The early part of June I was asked to see a case in consultation with Dr. E. R. Palmer for stone in the bladder. The patient was sixty-seven years of age and had been complaining of bladder symptoms for three years. He had been treated by internal medication for one year without any benefit, then he was treated by another physician by washing out the bladder with boric acid solution and using a catheter. He passed water very frequently and soon after he began to use the catheter, he had to use it every few hours. At the time I saw him with Dr. Palmer he was using the catheter every two hours; he had not suffered any great pain, nor did he have any marked symptoms of stone. Dr. Palmer had discovered the stone a short time before I saw the case with him. He told me at the time that he was under the impression that the stone was a large one, and most likely encysted. We made a careful examination under cocaine with a sound and came to the conclusion that there were two calculi. His prostate was examined through the rectum and found to be quite large, but there was no enlargement of the third lobe. Operation was advised, and owing to the large size of the prostate we agreed to do the suprapubic cystotomy. On the 23 of June the operation was performed at the Norton Infirmary, Drs. Palmer, Yandell, Pearce, and several others assisting. The blad-

der was not contracted; we could easily get into it eight or ten ounces of boric acid solution. As soon as the bladder was opened, I found two calculi, the smaller of the three here presented, lying loosely in the bladder; after their removal passing my finger high up to the fundus on the left side I discovered the largest stone presented, which you will see is very rough, the rough side of it being adherent to the bladder. After detaching and removing it there was a considerable oozing of blood. The bladder was drained for forty-eight hours by strips of iodoform gauze introduced and left hanging out of the abdominal wound. The patient has gotten along uninterruptedly well, and while he went for two years without passing any water, yesterday he passed naturally a small quantity.

DISCUSSION.

Dr. E. R. Palmer: The case reported is one that has interested me very deeply. I think Dr. Roberts failed to emphasize the fact that the clinical symptoms of stone were entirely absent. The patient is a very charming old gentleman, but like most old men very set in his views and opinions of things; he had been assured that his trouble was cystitis and had been treated by washing and internal medication, and was very much set against instruments. He had never had the sudden cut off in urinating, never had any pain in the glans penis. He had none of the symptoms that would point to cystic calculi. A remarkable feature of the case to me was that for eighteen months he catheterized himself about twelve times per day, every two hours. He is the father of one of our leading druggists, and from whom he had learned the virtue of surgical cleanliness. As he had not passed any water voluntarily for eighteen months, and had been washed without any benefit, I told the druggist that his father must be examined with proper instruments. In passing a steel sound No. 29 French, I was struck with the fact that as soon as I passed it through the cut-off muscle the sound almost dropped into the bladder. The posterior urethra instead of being constricted by the middle lobe or contracted by general prostatic enlargement, was exceedingly roomy. As the sound dropped into the bladder, it struck a calculus, which delighted me very much, because of my belief that we could assure him of decided relief, if not complete cure of his condition. I explained the necessity for operation to both the patient and his son; Dr. Roberts was then in Omaha and I advised waiting until he returned, and then that he be called in consultation. The first stone detected was the large one in the fundus, the second stone I am certain was in the middle zone of the bladder and the third was not found until the operation. The total weight of the calculi removed was about eleven drachms, a considerable amount of material being lost with the fragments brought away by washing the bladder after the operation.

In regard to the symptoms, of course one of the best symptoms of stone is *stone*, but this gentleman presented none of the classical symptoms pointing toward stone in the bladder. While they might have been found sooner if his bladder had been examined, yet the doctor who failed to find stone is perhaps excusable for not having done so because of the fact that all the characteristic symptoms of stone were entirely wanting.

Of course the question arises whether there will be complete restoration of the powers of discharging urine. This is dependent upon the recovery of tone on part of the bladder. I believe that his frequent catheterization has preserved his bladder tone, although he is nearly seventy years of age. I was more positive and more confident of this than was Dr. Roberts, and I believe he will recover his powers of urination. I was very much delighted last night to hear his son say that his father had passed some water and that he goes eight hours without emptying his bladder. My instructions were that when he began to feel like emptying his bladder, to place his hand upon the opening, not allowing the urine to escape there and attempt if possible to establish a restoration of the normal fluid. He, like a great many of onr patients, wanted a guarantee of complete restoration, complete cure, etc.; but he says to-day that if he does not recover his powers of urination, has to go through the balance of his life with a fistulous opening, he is extremely delighted that the operation has been performed.

Concerning the question of asepsis and antisepsis–if there ever was a case in which the work was done with extreme care, it was the operation in question. No one came in contact with the case except Dr. Roberts and myself, and we both cleansed ourselves most thoroughly and absolutely, instruments freshly sterilized and every precaution taken, no towel even was allowed to be touched by any assistant, and yet twenty-four hours after the operation the patient had a tympanitic belly, great pain, temperature 99° and we were naturally very much alarmed. However, it proved to be nothing more than ordinary flatulency of the bowels, which we learned the patient had been subject to before the operation. The man complained of nothing that would suggest the fact that he had had a capital operation performed upon him. The bladder was not seen in the operation, but in attempting removal of the largest stone the incision had to be slightly enlarged. The result in this case I am certain will demonstrate, as has been demonstrated so often, the value of absolute care in work of this kind.

CONTINUED REPORT.

I exhibited at the last meeting of this Society a young man having a serpiginous chancroid on the penis and sore in the right groin. This patient called at my office to-day and the place in his groin was perhaps ½ of an inch in height, if anything a little longer than it was when I saw it two weeks ago, and certainly very much less promising in the matter of cure than it was when he was before the Society two weeks ago. He has had this trouble for more than a year, and to-day we seared the whole surface with electro-cautery, We seared the chancroid on the penis about a week ago; it is not much better. To-day we treated it as I am treating some tuberculous glands of the face, with creosote, with the hope that we may get the local and specific action of the creosote on any tubercule bacilli that may be at work and keeping up this trouble. The young man in question is otherwise in good health, and the sore on the penis, together with the one in the groin have existed for something over a year. They have resisted every possible mode of procedure in the matter of cure that we have employed, and we have tried almost everything.

The question has been asked as to whether we have tried bovinine in the treatment of this case. These sores were dressed with bovinine for a month, dressings changed every morning, but there was no improvement under its use.

DISCUSSION.

Dr. W. O. Roberts: In connection with this case, speaking of the long duration of chancroid, I saw one in a young man that existed for something over a year, and his penis was finally amputated, when complete recovery took place. Amputation was done under the impression that it was an epithelioma. I have another case now that has been in existence for eleven months. A considerable portion of the penis has been destroyed.

FRENCH MEDICAL SOCIETIES.

Congress of Associations for the Advancement of Science. Surgical Treatment of Congenital Hydrocephalus.—M. Vantrin, of Nancy, said, M. Keen reported at the Berlin Congress of 1890 that trepano-puncture, followed by drainage, has, under certain conditions, a chance of success. The escape of the fluid, at the moment of operation, and for some days after, should be carefully observed. If it escapes slowly, the child received no injury, and the cranial envelope slowly diminishes by gentle and careful compression. I have recently employed this process in a case of voluminous hydrocephalus. The opening was made with a bistoury across the left parietal, three centimetres in

advance of the biauricular line, and so the elimination of the fluid was not too rapid, as it would have been with an opening lower down. A permanent capillary drainage was established, and there was no occasion to perforate the cerebral cortex, because the hydrocephalus was superficial. The discharge continued slowly for thirty days, at the end of which an imprudence of the mother, who removed the dressing, caused a copious escape of the fluid and death of the child by coma. It would be useful to renew, especially in cases of meningeal hydrocephalus, the experiment of trepano-puncture, followed by capillary drainage.

M. Hallopean, Upon the Nature of Xanthomata, and the Immediate Causes of Their Complications.—Xanthomata have been thus far considered an enigma. Their nature, their causes, and their relations to the icterus and glycosuria that accompany them, are very differently interpreted. The principal purpose is to establish the fact that they are benign neoplasms of embryonic origin, and therefore should be classed among naevi, and that the humoral alterations with which they are complicated, are not the causes, but the consquences of them. Indeed, their structure presents great analogies with that of pigmentary naevi, and we have seen them undeveloped upon a naevus. In a case reported by the author, they were disposed in a long linear series following the course of a nerve, a location peculiar to naevi. Their late appearance is not in contradiction of this opinion, for naevi may manifest themselves in the adult. The xanthomata called diabetic, are distinguishable from naevi by their possible disappearance, but this is the case with naevi too, and the retrogression of the xanthomata may be only apparent. In one of the cases in which this was very marked, a comparative examination after an interval of five years showed the author that the neoplasms had persisted with nearly identical characteristics. This is explicable by reason of the richness of the vessels in tuberous xanthomata, whether they be anæmic or hyperæmic, they are more or less apparent. The icterus and glycosuria have been incorrectly stated to be the causes of these neoplasms. From all indications they are on the contrary, subordinated to them. It is known that xanthomata are not limited to the external integument, and that they may occupy all the membranes, Their development in the biliary passages, may explain the occurrence of icterus, and their localization in the pancreas that of glycosuria. The intermittent character of these occurrences may be due to the variable repletion of the vessels by these tumors, as also the possibility of their retrograde evolution, whether slight or definite.

On the Administration of Purgatives to the Wounded and Those who Need to be Operated Upon Surgically.—M. E. Nicaise said: Before an operation the surgeon should prescribe a suitable diet, a bath and a purgative with the view of emptying the intestine. After the operation the system has been disturbed by the use of choroform, by shock of the operation, etc. For the first two or three days the patient should take no solid food, then be nourished lightly and progressively, subsequent treatment to vary according to each case. One of the first necessities is to assure a healthy functional condition of the digestive tube, which is to be obtained by purgatives and intestinal antisepsis. The tube receives the products coming from the wounded surfaces, intestinal fermentation may become putrid, and produce auto-intoxication. The patient should be purged every third or fourth day. The choice of the purgative should vary according to the effect that may be desired. If the intestine contains foul matter, and the stools very offensive, saline purgatives are indicated, as they induce abundant secretion from the intestine and are not only evacuative but depurative also. The patient should not only be purged soon after the operation, but frequently, and as long as the evacuations continue very offensive, because the intestine is the principal emunctory of the absorption that is going on from the surfaces of operation. I will cite a characteristic case in which this practice was successfully used. In 1878, a man of 30 years came under my care with gangrene of one of the lower limbs, the result of being run over by a carriage, and which caused laceration of the femoral artery. The skin was not broken, and the patient refused to submit to amputation. My prognosis was grave, but the patient recovered. The limb was mummified by injections of a concentrated solution of alcohol and phenic acid. The line of separation of the dead from the living parts was dressed according to the method of Lister. M. Legendre approved of the conclusions of M. Nicaise, and laid much stress upon the condition of the digestive tube before the operation.

Numerous dyspeptics are injured by the frequent use of the sulphate of soda, which increases digestive difficulties. The large intestine is a frequent receptacle of fermentation; cold injections should be used. The preferable intestinal antiseptic is benzo-naphthol, associated with salicylate, bismuth, and a little magnesia may be added as a gentle purgative; the condition of the kidneys should also be looked after. M. Nicaise subscribed to the observations of M. Legendre, but thought that it was often difficult to give injections to those who have been operated upon, and in this case a purgative was preferable.

M. Piesinger, of Oyonnax, made a communication upon the great frequency of cases of cancer along the course of rivers and streams. M. Duplouy noted a case of cancerous contagion in a woman, whose husband died six months before of this disease.

M. Boiffin—Torsion of the Pedicle of Ovarian Cysts.—Besides the excessive development of volume, the habitual cause of danger in ovarian cysts, there is another source of danger in the torsion of the pedicle, which quickly pronounces itself, and which has been indicated by Spenser Wells, Lawson Tait and Bousser. It is well established that the accidents observed always depend upon the obstacle to the course of the blood produced by pedicular torsion. Whether the torsion be sudden or gradual gives no special or differentiating symptoms. Accidents are due to incomplete constriction, whether of the veins or arteries of the twisted pedicle. Of two cases of pedicular torsion, one was a para-ovarian tumor, which was large, and transformed into a black apoplectiform mass. The tube was elongated upon the surface of the tumor, and measured more than twenty centimetres. Laparatomy was practised, sixty hours after the occurrence of the accident, and was followed by a happy result. In the second case the patient put off the operation for six months; she was suddenly seized with abdominal pains, and arrived at Nantes on the tenth day thereafter. She died a few days after the operation. Delay in operating for ovarian cysts exposes the patient to grave dangers. It should be done at once, and in cases of torsion of the pedicle the urgency is as absolute as in strangulated hernia. The symptoms of peritonitis, instead of being a contra-indication, demand immediate intervention. Simple puncture should be proscribed, for it allows the occurrence of a new hemorrhage and new adhesions. In the slow forms, prompt intervention should be practised to prevent adhesions, which would interfere with the success of the laparotomy.

Nature and Pathogensis of Scrofula.—According to M. Bloch, of Paris, scrofula is not an affection of the lymphatic system, nor an alteration of the blood, nor a defect of nutrition. These are but the evidences of the diathesis. It is due to a defect of equilibrium, to a perversion in the development of one or more of the organs during intrauterine life. Scrofula then, is a partial or total degeneracy of the organism, or a morbid deviation from the normal type, which predisposes to certain affections, tuberculous or not. It proceeds generally from the morbid heridity of neurosis, tuberculosis, or alcoholism of the parents, and may equally be produced from syphilis in the father or mother.

The Elimination of Phosphoric Acid after Injections with the Testicular Liquid.—M. Chabrié, of Paris, has made a chemical examination of the urine in different patients upon whom he had practised injections of testicular liquid. The urea had greatly increased after the injections. The special fact that the author noted was the

diminution of phosphoric acid. This coincided with the hyper-secretion of the urea. The inverse condition was produced when the urea diminished; then the phosphoric acid was increased. The quantity of urine did not vary. Injections of artificial serum did not produce the hypophos-phaturia.

Bacterial Poisons, by Dr. Garualeia.—The book of Dr, Garualeia is the first complete work written in France upon the subject of bacterial poisons. Up to this time a large number of facts upon special points of this subject have been related. The author begins with the history of the question, and gives in the first place, experimental studies made of putrid poisons by Seybert, Gaspard and de Genuin. The following chapter shows us the new and progressive ideas upon infection, and upon the microbic etiology of putrefaction, and the third chapter reaches the discovery of ptomaines, from the works of Selim, Gautier and d'Étard, In it are explained the chemical formulæ of ptomaines, and the attachment of these bodies to the series of other alkaloids. Finally, the last chapter of the history presents to the reader the last evolution of the microbic theory, to wit, the formation by pathogenic and non-pathogenic bacteria of leucomaines and of ptomaines, the one toxic, the other inactive. The rest of the work is devoted to general and special microbic toxicology. The first part, general toxicology, comprehends the chemical nature of bacterial poisons, their origin, and their action upon the animal organism, which may be protected by toleration or by immunity. The special toxicology contains the study of tetanus, diphtheria, cholera, tuberculosis, charbon, etc. This work is very interesting to consult, and, as before said, contains all present knowledge upon the question of bacterial poisons.

Gastric Troubles.—Mr. Henry Schmelg, in his work upon reflex symptoms in nasal affections, cites Elsberg, who called attention to the frequent connection existing between affections of the throat and dyspepsia. He gives the case of a physician, who, although possessed of an excellent stomach, was tormented by the continual sensation of foreign bodies at the top of the pharynx and frequent nausea. An examination showed the existence of red granulations, forming a thick growth extending behind the tonsils and into the retro-nasal cavity. The destruction of these small tumors by the galvano-cautery rapidly removed the tronble. M. le Dr. C. L. Dresse, of Goshen. reported a case of reflex heart, stomach and pulmonary complications produced by an affection of the nostrils. The cure of the nasal malady was speedily followed by the disappearance of all the above named symptoms. In acute naso-pharyngitis, says Bosworth, there is a secretion of a thick, gray, opaque mucus, which is expelled in large quantity. This secretion seems to aggravate gastric troubles and causes nausea and vomiting, the appetite at the same time is greatly diminished. Dr. A. B. Trasker thinks that cases of gastralgia and dyspepsia may be attributed to intra-nasal lesions. He adds that very many of the symptoms attributed by modern rhinologists to reflex as of nasal origin, contributed to cast great discredit upon the specialist.

M. Lubet-Barbon, describing the troubles caused by adenoid development in infants, says: When the child quits the breast to respire by the mouth, and swallows from time to time, it is seized with a fit of coughing and vomits, and because of the difficulty in taking the milk and air necessary to it, it rapidly reaches a condition of athrepsia. Treudenthel has recently investigated the production of hernia, caused by nasal obstruction. He examined the noses of 500 subjects who had hernia, and 143 had manifest nasal obstruction. He attributed the hernia to the increase of abdominal pressure, due to frequent and long continued efforts of the patient to remove the secretions from the obstructed nasal cavities.

Academy of Medicine, Paris.—M. Laboulbène, President. Nasal Reflex in the Syncope of Chloroform.—M. A. Guerin has for some time recognized the fact that inhalation of chloroform by the nose was much more dangerous than by the mouth. Irritation of the pituitary membrane at the beginning of the anæsthesia may by reflex action, produce fatal syncope. M. Laborde has demonstrated this fact by experiments which place the conviction of its truth beyond a doubt. M. Laborde presented to the Academy a rabbit that had been tracheatomized, and applied to the thorax an apparatus for recording the pulsations of the heart. When the respiration was carried on through the tracheal canula, the cardiac pulsations were not modified. When, on the contrary, nasal respiration was tried, they became slow and irregular. The effect upon the action of the heart was much less marked when the anæsthesia was profound than at the beginning of it. M. Le Fort related an unfortunate clinical case demonstrating the effect of nasal reflex in death from chloroform. A child of 10 years, upon whom he desired to operate for syndactalie, respired the chloroform very slowly. He was told to breathe more quickly and deeply, and he took a long and intense inspiration, when he fell as if stricken by lightning. Neither artificial respiration nor tracheotomy succeeded in reviving him. It was a true case of death from cardiac paralysis. The excitation of nasal reflex is especially dangerous at the beginning of chloroformization. M. Le Fort recollected that when ether was first employed to produce anæthesia, a particular form of pincers was used to close the nostrils. Many surgeons who apply the compress to give chloroform, are careful to close the nostrils with it at the beginning of the administration of the anæsthetic.

Rhythmic Tractions of the Tongue in Asphyxia.—M. Laborde reported the success obtained by the process of rhythmic traction of the tongue in asphyxia of newly born infants, in the long asphyxia of chloral. chloroform, strychnine, opium, and in a case of tetanic asphyxia, and in one of apparent death due to tubercular meningitis. In the last case the result was naturally but temporary, but it was so remarkable that the process could almost be considered as a means of distinguishing apparent from real death. In the patient, who seemed really dead, there was a veritable resurrection for several minutes. Finally, by his experiments upon animals, M. Demerisse has established the efficacy of the process in asphyxia determined by strangulation. As respects the physiological mechanism M. Laborde has shown in the clearest manner that the essential action of lingual traction is to provoke and keep in play the respiratory function of the diaphragm, and the mechanism of this action is shown by the following physiological fact: A primitive excitation is transmitted to the bulbo-myelitic centre by the sensory nerves, upon which the lingual tractions act, especially the superior laryngeal and the terminal tracheo-bronchial expansions of the pneumo-gastric, glosso-pharyngeal and the lingual. There is also a repercussive reflex action upon the motor respiratory nerves, particularly the phrenic, and thus the movements of the diaphragm are aroused, and by them the function of respiration renewed.

Biological Society. M. Chauveau, President.—M. Brown-Séquard exhibited guinea pigs that had undergone amputation of the thigh, and subsequently section of the sciatic nerve as high up as possible. Cicatrization of the wound occurred much more rapidly than when the limb was supplied with the nervous influence. M. Brown-Séquard also communicated the result of his researches, and those of M. Poupinel, of the island of Maurice, upon the effects of the injection of testicular juice in leprosy. Happy results ensued, and success was immediate.

M. Roger described the infectious lesions produced in the liver by the sub-cutaneous or intra-venous inoculation of the "bacillus septicus putridus." Enormous dilatation of the capillaries and extensive capillary thromboses are also observed, and infiltration of the surrounding parts. When the disease continues from fifteen days to two months two types may be seen, the first nodular, and characterized by necrotic spots, the second, diffused, constituting a veritable cirrhosis. It is interesting to know these lesions, because the microbe does not live longer than a week in the animal upon which the injection has been practised, and they consist of the relics of the infection. M. Charrin has with M. Kaufman, studied the effects of pyocyanic infection upon

possible modifications of sugar in the system. The experiments were made upon a dog. In seven cases a notable diminution of sugar in the blood was observed. This loss of sugar is about one-third below the normal. All the animals presented a hyperthermia. M. Chassevent communicated the result of his researches with M. Langlois upon the blood coming from the supra-renal capsules. This blood is of a rusty red upon its exit from the vein, and presents the characters of arterial blood. It is less rich in oxygen than the blood from the carotid, but is much more so than the blood of ordinary veins. The supra-renal gland receives then an excess of arterial blood, like other glands whose functions are permanent. M. D'Arsonval gave his and M. Charrens' experiences upon the influence of electricity upon microbes. The "bacillus pyocanicus" when submitted to a moderate current loses its pigment, and its colonies are very feebly developed. They hope to be able to destroy the microbe with stronger currents. M. Gley reported the results of experiments upon total thyroidectomy in the rabbit. He operated upon fifty-five. Of this number, one in nine survived. Some of the animals lived from twenty-five to forty-seven days. It is necessary to observe them for two months before affirming that they will definitely survive. A single gland left in place, though greatly increased in volume, does not prevent the animal from succumbing. If by chance a few portions of the gland are left, they become hypertrophied and assure survival.

M. J. B. Charcot presented a communication upon the cerebral localization of agraphia. He made an autopsy of a woman, who in consequence of an attack of apoplexy, continued agraphic for many years. A second attack produced aphasia. Subsequent attacks were followed by pseudo-bulbar paralysis. The autopsy revealed, first, softening of the second left frontal convolution; second, of the upper portion of third frontal convolution; third, of the middle portion of the right hemisphere. M. Charcot concluded that the seat of the movements of writing is located in the second left frontal convolution. The lesions of the right hemisphere were associated with the bulbar paralysis. The affection of Broca's convolution explains the aphasia, that of the second frontal only being connected with the agraphia. N. Dejerine said that in consequence of the multiplicity of lesions, it was difficult to speak with certainty. He cited a case in which the second left frontal convolution was affected, and there were both agraphia and aphasia. J. A. C.

Dr. J. C. Culbertson, the accomplished editor, late of the *Journal of the American Medical Association*, has resumed his chair in that excellent journal, the *Cincinnati Lancet-Clinic*.

The *Medical Summary* suggests that "some one write a good book on symptomatology, which will be a reliable repository of facts, conclusions and correct reasoning.

We are pleased to note this proposition, and we hope it may lead to a better differentiation of drug effects by the familiarization with those indications which should lead to their selection.

OBITUARY.

DR. SAMUEL SWAN died at his residence, 13 West Thirty-eighth Street, Oct. 18th, in the 78th year of his age. Dr. Swan was widely known as a physician and as a writer upon materia medica. His theories of the preparation of medicines and their administration were peculiar to himself, and only found favor among a small portion of the profession, but for honesty of belief, general intelligence, and courtesy to all, no one was held in higher esteem.

TRANSLATIONS, GLEANINGS, Etc.

Action of Cod-Liver Oil Alkaloids on Man.—The result of experiments on animals by MM. A. Gautier and Mourgues have aided in demonstrating that cod-liver oil owes its medicinal properties to certain alkaloids, which act conjointly as a diuretic, and at the same time stimulate nutrition and the circulation.

M. Bouillot (*Comptes Rend.*) has completed the investigation by extending it to human subjects. For this purpose the alkaloids in question were prepared, not separately but as a whole, and in this collective form were administered by the mouth, in daily quantities of 15-25 centigrams.

The result was increased urination, together with increased elimination of urea. A larger excretion of nitric oxide also took place, whence it was inferred that the alkaloids of cod-liver oil are powerful excitants of intra-organic oxidation, They may therefore become valuable therapeutic agents.

Relations Between Chorea and Epilepsy.—Dr. G. R. Trowbridge (*Alienist and Neurologist*) says:

There is an intimate relation between epilepsy and chorea, both diseases being due to disturbances of the motor and intellectual centres of the brain, which differ only in the degree of intensity.

Chorea predisposes towards epilepsy, and epilepsy toward chorea—the former being the most frequent condition.

Chorea in one generation may be transmitted as epilepsy in the next or succeeding generations; or the epilepsy may appear first, and the chorea in the following generations.

A neurotic taint in the parent or parents may make one child choreic and another epileptic.

The diseases may exist simultaneously, but in these cases they are in inverse ratio, *i. e.*, the more violent the chorea, the less frequent and severe the epileptic convulsions, and, *vice versa*, the more violent the epilepsy, the less marked are the choreic movements.

In cases of chorea and epilepsy there is more or less mental impairment.

Rapidity of Nerve Action.—A writer in the *N. Y. Medical Journal* on death by electricity describes the following experiment, undertaken by Professor Muybridge to show the relative slowness of nerve action as compared with electricity: Two women were employed; one stood in a bath tub, and the other sat on a raised chair and poured a bucket of water over the standing woman's head and shoulders. In order to make the shock more intense, Professor Muybridge had filled the bucket with ice-water, unknown to the victim, who would not have awaited the douche so patiently had she known what its temperature was going to be. One view showed the water tipped over and falling, yet not quite touching the girl's head. The next view showed the water splashing from her head and shoulders, and yet there were no signs of sensation. In the third picture she was just beginning to respond to the shock, and the subsequent pictures illustrated the further phases of the response. The point of special interest, however, is in connection with the second view. The electric current had in that case first exposed the plate, and then after a very short interval had shut it off again; that is to say, had acted twice with an interval of time between the two sufficiently long for the sensitive plate to take an impression of the view, and this after the ice-water had touched the woman's shoulders, and before she was conscious of it.

Care and Preservation of Eyesight.—Dr. L. Webster Fox, in a lecture published in the *Journal of the Franklin Institute*, discusses eyesight in middle life and old age, and gives certain hints for its care and preservation, from which the following facts are abstracted: In addition to

the well known effect of tobacco and alcohol upon the optic nerve, it is pointed out that the drinking of beer and wine leads to changes in the crystalline lens. Deleterious influence upon vision is ascribed also to constricting articles of neckwear, owing to the impeding of the return column of the blood. Touching the question of typewriting, Fox advises that if there is any visual defect, that after the prescription of the proper glasses, if round finger tips or keys are used, a change should be made to a machine having rectangular keys, which in his experience are the least hurtful to the eyes. Among the concluding hygienic hints the following are given: Up to forty years of age the eyes should be bathed daily with cold water. After the fiftieth year the eyes should be douched morning and evening with water as hot as can be borne, followed with cold water.

An Unexcelled Surgical Dressing.—Dr. S. L. Killmer, (*Med. Herald*) strongly recommends the following:

℞ Acidi Carbolic.... ..... ʒi
Spts. Vini Rect..... ʒss
Spts. Terebinth..... ʒss
Ol. Olivæ ..... ʒiii

M.—Sig.: To be well shaken before using.

A piece of gauze saturated with this mixture applied directly to the wound, and kept saturated so as to avoid its adhering too closely gives better results in the main than anything else the writer has ever tried. In cases where it is possible to produce perfect asepsis *primarily*, this mixture would probably be useless; but in the vast majority of the very numerous cases of crushed fingers, occurring in a manufacturing city, it is most difficult, if not impossible, to clean off all the infected material, filth, etc., which must be sterilized if the member is to be saved, and in these cases the continuous antiseptic effect of the above described treatment will preserve many fingers for usefulness, and prevent much pain and suffering.

Case of Precocious Sexual Development.—At a late meeting of the Paris Academy of Medicine, M. Crivelli showed the photograph of an eighteen-months-old girl whose genital organs presented a degree of development such as is usually found at the age of eighteen. The mammæ and nipples were also well developed; the mon veneris covered with lanugo, the clitoris being also very large. By investigation, Crivelli found out that the child was addicted to masturbation. The menses had appeared regularly since three months, and lasted from three to fous days. Before the appearance of the menses the child feels sick for about twenty-four hours.

Differential Diagnosis.

Anthrax.	*Carbuncle.*
1. The single red papule.	1. Coalescence of a number of papules.
2. Dark necrotic center.	2. Absence of dark center.
3. Rapid extension, with brawny edema.	3. Slow, of steady growth.
4. Appears on uncovered surfaces, face, eyelids, neck, hands and fingers.	4. Back of the neck, trunk, and extremities and groin.

Conjunctivitis From Lamp Heat.—Dr. Julius Pohlman, of Buffalo, in an excellent article in the *Amer. Journal of Ophtholmology* for Sept. 1892, calls attention to "An overlooked factor in the production of conjunctivitis," viz., the too great dryness of the air in heated rooms, and especially that in the immediate vicinity of a lamp. It is well shown in the article that in reading or writing within the circle of perceptible heat from a lamp (which is perhaps the rule of action with those who use lamps), the air is much more dry than at a greater distance from the source of illumination, and experiments are cited to prove that in such a location the eyelids quickly show signs of irritation, which may easily be believed in many cases to lead to a genuine conjunctivitis; why not also to blepharitis?

Posture During Defecation.—Dr. Hale says the right posture during defecation is the natural one, namely: squatting, with the knees against the chest, and chin resting on the knees. No other position was ever intended. The anatomy of the rectum makes this imperative. As is well known, the lower portion of the rectum curves forward just as the vagina does. The mechanism of defecation is singularly like that of labor. When the head of the fecal mass descends, it presses on the posterior portion of the rectum, distending the sulcus behind the anus, just as the head of the child would if the mother were confined in a squatting position. Now the position which faulty water closet arrangements make civilized people assume, is the very one which most increases the difficulty of defecation and causes constipation. This position is to blame for many rectal and uterine diseases and displacements.

Bichloride and Germs.—Recent researches seem to prove that when solutions of corrosive sublimate come in contact with the capsules of micro-organisms, a chemical reaction takes place between the two which renders the capsule of the germ impervious, aud thus protects it. It is also said that the salts of the blood or akaline solutions acting on this substance again liberate the micro-organism from the capsule formed by the bichloride.

Cool Baths in Typhoid.—Dr. Juehel-Renoy believes that the introduction of the cool bath into the hospital treatment of typhoid fever has reduced the mortality at least five per cent., and cites figures in support of his opinion.

An Anatomical Criterion to Distinguish Male From Female Skulls.—Prof. Virchow declared two years ago that all the alleged modes of differentiation so far recommended were worthless, but Dr. Thiem Cottbus (*Arch f. Klinieche Chirnrgie*, Bd. 37) lately described what seems a satisfactory craniological criterion of sex.

The os tympanicum forms part of the posterior wall of the glenoid cavity of the inferior maxillary, and also closes in front and below the bony meatus of the ear. It arises perpendicularly from the petrous portion of the temporal bone posteriorily, and turns backward in the woman, at about half the height of the mastoid process, but in the man at a less height. In the male, the bone develops a sharp edge, which divides to form the sheath of the styloid process; but in woman this sharpened edge does not exist, the bone is rounded into a tubercular form, and the fossa is shallower and flatter.

Thus in the male this fossa-tympanico stylo-mastoida is small, and the posterior wall of the glenoid cavity extends so deep that it is not possible for the condyloid process to slip over it. In the female, it is so much more spacious that this feature alone will serve to distinguish the crania of one sex from the other; and it also explains the surgical fact that luxation backward of the inferior maxillary is observed only in women.

Dangers of Cycling.—Ragonseau (*La France Militaire*, No. 8, 1892) says that excessive wheel riding is attended with numerous unfavorable results. Among those most frequently observed by him are an affection of the ankle-joints and laryngitis. After a somewhat prolonged ride, especially if it be a rapid one, the cyclist experiences dryness and burning in the larynx, soon followed by cough and mucous expectoration, often streaked with blood.

The author deems this catarrhal condition due to the bent posture which is unfavorable for respiration, and to mouth-breathing, which becomes necessary as nasal breathing grows inadequate for the augmented respiration necessary for the increased consumption of air required by the increased employment of force. In consequence of the rapid motion, large quantities of air enter the larynx and lungs with a proportionate increase of pressure. Expirations are correspondingly increased. All these conditions combine in the production of the above trouble, which yields only to discontinuance of its cause.

The Municipal Distribution of Homœopathy.—Cleveland, Ohio, seems to be the garden spot of Homœopathy, if we may judge from the statistics given in the *Cleveland Medical Gazette*. Out of a total of 527 physicians 139, or twenty-six per cent., are Homœopathic. In a few Western cities, such as Cincinnati, Indianapolis, and Columbus, the percentage is about six, but in the majority the average is much higher. Thus Chicago has 346 Homœopaths out of a total of 2,700, or twelve per cent.; Detroit 50, out of a total of 482, or twelve per cent.; Minneapolis 46, out of 328, or fourteen per cent.; Allegheny 17, out of 150, less than eleven per cent.

In New York City the "simon pure" Homœopath is rare and very few Homœopathic signs are to be seen. Among 3,400 physicians, probably less than ten per cent. are Homœopaths, as against fourteen per cent. in Philadelphia and twelve in Chicago. The disappearance of all strife between so-called schools has no doubt had much to do with this. The distinctions between the schools are daily becoming more nominal.—*New York Medical Record.*

Castration for Melancholia.—The operation of castrating males for nervous and mental disorders is at last put upon a firm clinical basis, says the *Medical Record*. Oophorectomy came from the South and thence diffused its genial and unsexualizing influence over the East and North, but testectomy, if we may coin a word on so great an occasion, comes from the West. It was in 1891 that the Eastern Michigan Asylum published an annual report containing the history of a case in which the operation of castration was done for the relief of a "sickening neuralgia" of the testicles. The patient had not only neuralgia, but melancholia. One of the testicles was removed, and the testicle was found diseased, but not, as we understand the description, cystic or suppurating. The patient improved, but was not cured, and so, later, the second testicle was removed. The medical superintendent, Dr. Burr, now reports that the cure is complete. It is interesting to notice that both testicles had to be removed, just as, in the opposite sex, we are told that both ovaries ought to go in order to get the best results.

Here we have a case of chronic neuralgia and melancholia, in a man of fifty-seven, cured by castration. Neuralgia is very common and so is depression of spirits. There is a fruitful field, therefore, in which ambitious andrologists may work. Shall we not soon begin to get reports of "my second series of one thousand castrations, with hints on technique?"

Dr. R. E. McVey, of Topeka, reports two cases of melancholia cured by castration. The first operation was done in 1888 for chronic ataxy and melancholia, resulting from masturbatipn. Both testicles were removed and the cure was complete.

The second operation was done in 1891 for melancholia and neuralgia of the testicle. In this case only one testicle was removed, and it was found to contain a large cyst and evidences of previous inflammation. A perfect cure resulted.

Doctors and Druggists in Japan.—A sad state of affairs prevails in Japan, where the old and the new, native and foreign ideas do not harmonize; while custom clings to the old. The doctor formerly dispensed his drugs, receiving cash for them, and a present of cakes, eggs, or fish for his advice, and if the patient forgot the cash, the doctor was too polite to ask for it. With the advent of foreign medicine came the retail druggist. But as he got all the cash, and the doctor could not live on cakes and eggs, the latter was compelled to return to his dispensing in order not altogether to forget what cash looked like. But now the drug men clamor for the government to restrain the doctor, and forbid his dispensing drugs.

We hope the Japanese will find a way to settle the difficulty to the satisfaction of all parties—and let us know how they do it.

MISCELLANY.

—There are 15 vacancies in the medical department of the U. S. Army.

—Prof. Graham says appendicitis is of rare occurrence between ten and thirty.

—The celebrated Prof. Helmholtz, representative of the German Government at the Electrical Congress in Chicago, is 73 years old.

—The surgeons preparing at Netley, for service in India, are being instructed in Haffkine's method of inoculation for cholera prevention.

—The Postmaster-General has announced that disease germs, no matter how securely sealed, are to be classed with unmailable articles.

—Glycerine is highly recommended as a dressing for the umbilical cord. It is antiseptic, and has also a distinct effect in promoting cicatrization.

—A brick crematory for private use has just been finished at Leominster, Mass. The building will be dedicated by a clambake, the bivalves to be cooked in the crematory oven.

The Pasteur Institute has a new and beautiful home, with the Central Park Sanitarium, West Ninety-seventh St., where with increased facilities, Dr. Gibier will devote himself to bacteriological work with his usual vigor.

—The editor of a physio-medical contemporary resents with indignation the statement of certain London and Edinburgh scientists that lobelia will kill a hog. The editor says he has used the drug for twenty years, and he thinks he ought to know.

—It does not often happen, because there is seldom so much generosity on one side, or so much conscientiousness on the other, that a physician returns a check for $500 voluntarily tendered, on the ground that his services had not been worth so much money. This incident, we learn from the *Medical News*, occurred a few weeks ago in Philadelphia.

—One of the State Senators of Illinois, Dr. A. L. Brands, has introduced a resolution asking Congress to withdraw paper money and engrave a like amount on aluminum foil, to prevent the spread of infectious diseases by means of paper money. The aluminum foil, it is claimed, can be engraved as readily and in any way would be as suitable for money as paper, and at the same time it could not harbor deadly germs.

—Dr. A. Jacobi says, in his work on "The Intestinal Diseases of Infancy and Childhood:" Mortality diminishes with every day of advancing life. Every additional hour improves the baby's chances for preservation. Almost one-half of the infants who die before the end of the first year do so before they are one month old. The causes of the disease are the more active the earlier they are brought to bear upon the young with their defective vitality.

—The following story is told of M. Nelaton, the celebrated French physician. He had been attending the child of a French lady, and as he was taking leave, the grateful mother handed him a handsomely embroidered pocket-book, which she explained to him she had worked with her own fingers. Nelaton bowed stiffly, and said, "Madam, the pocket-book is quite a work of art, and I admire it exceedingly, but my fee is 2,000 fr." "Not more?" she answered. Then opening the leaves, she took out a little bundle of five 1,000 fr. notes, and from it selected two, which she presented to him, bowing stiffly in her turn, and retiring with the rejected pocket-book.